

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

25 February 1995

Local pay impositions
on the cards?

PSNC concerned over
new-look FP10

Getting behind the
stress factor

Inside track on Dallas
md's share dealings

Ethical dilemmas on
contraception

Scotia finds new ways
with EPO and EFAs

Unichem chop prices
on 100 top OTCs

THE POWER TO BREATHE THE POWER TO SELL



LEADERS IN NATURAL HEALTHCARE

OLBAS OIL Registered trademark and product licence held by G R Lane Health Products Ltd., Sisson Road, Gloucester GL1 3QB. **Active Ingredients:** Cajuput Oil BPC - 18.50% w/w, Clove Oil BP - 0.10 w/w, Eucalyptus Oil BP - 35.45%, Juniper Berry Oil BPC 49 - 2.70% w/w, Menthol BP - 4.10 w/w, Dementholised Mint Oil BP - 35.45% w/w, Wintergreen Oil BPC 49 3.70% w/w. **Directions:** 1. By application to the skin. Apply lightly to the painful area 3 times daily. By inhalation: 2. Adults and children over 2 years old: Sprinkle 2-3 drops on a handkerchief or add to hot water and inhale the vapours. Children 3 months to 2 years: one drop on a tissue placed out of the child's reach. **Indications:** 1. By application to the skin. Symptomatic relief of muscular pain and stiffness including backache, sciatica, lumbago, fibrositis and rheumatic pain. 2. By inhalation: For the relief of bronchial and nasal congestion caused by colds, catarrh, influenza and hayfever, rhinitis and minor infection of the respiratory tract. Route of administration: By inhalation and percutaneous use. **Precautions:** For inhalation or external use on unbroken skin only. Not for use in babies under 3 months old. Keep all medicine out of the reach of children. Do not use if sensitive to any of the ingredients. **Legal Category:** General Sales List. **Packs:** Bottles of 10ml and 28ml (PL 1074/5029R). **Price:** RSP £1.45 and £2.59. **OLBAS PASTILLES** Registered trademark and product licence held by G R Lane Health Products Ltd., Sisson Road, Gloucester GL1 3QB. **Active Ingredients:** 1. (w/w) Peppermint Oil BP 1.12%, Eucalyptus Oil BP 1.16%, Juniper Berry Oil BPC 1949 0.067%, Wintergreen Oil BPC 1949 0.047%, Clove Oil BP 0.0025%, Menthol BP 0.10%. **Directions:** Dissolve one pastille slowly in the mouth when required. **Indications:** For the symptomatic relief of colds, coughs, catarrh, sore throats and flu, catarrhal headache, nasal congestion. **Precautions:** If symptoms persist, consult your doctor. Keep all medicines out of the reach of children. No more than 8 pastilles should be taken in any 24 hour period. Not suitable for children under 7 years. Do not use if sensitive to any of the ingredients. **Legal Category:** General Sales List. **Packs:** 45g (PL/1074/0001). **Price:** RSP £1.45.

£1.6M
TV IN APRIL



ACHIEVES N°1* POSITION IN STYLING

- VO5 Styling was relaunched in August 1994 with exciting new packs and graphics and now...
- Has grown +10% in a market which declined, to hold 14%* share of the Styling Market.
- VO5 Plus Shampoos and Conditioners are also leaving the competition standing.
 - VO5 Plus Shampoo +17%**
 - VO5 Plus Conditioner +33%**
- VO5 is going from strength to strength and now we're putting even more support behind this highly successful brand...



"What mark would you give the condition of your hair?"


+



"What mark would you give your hairstyle for lasting hold?"

= 10

- VO5 is spending a huge £1.6M on TV in April and May.
- An unbelievable 90% of women will see the advertisement, in fact, two thirds of them will see it more than 3 times!
- A massive 73% of people were "likely to buy" after seeing the TV ad. (Source: Consumer Insight, Quantitative research Oct. 1994)
- So for top marks, stock up on one of the fastest growing brands in haircare...

BECAUSE  +  = SUCCESSFUL SALES!

This week *Chemist & Druggist* has a new look and with it come a couple of opportunities for community pharmacists and their peers.

The observant subscriber will have noticed that in our February 11 issue we launched a **Pen portrait** column next to **Xrayser**. Then we reviewed a redoubtable Northern Ireland pharmacist, Frank Murray. This week we focus on a Man of Kent, David Poile, on p291. From now on we hope to regularly portray the life and times of community pharmacists who are good practitioners of the pharmaceutical arts, and good counsellors to their customers. Please let us know if you know of a colleague who fits the bill. Letters to the editor, please. Bottles of bubbly for nominators on publication!

On a more serious note, another bottle of bubbly is on its way to our caption winner, Sue Allen of Flitwick Pharmacies, for best describing the 'packet' of UK NHS negotiators (**People**, last week). The sad thing is that they may not be celebrating with her ... nor community pharmacists.

C&D understands that regulations to facilitate local payment for locally devolved services (to be laid in March for implementation on April 1) omit to outlaw the faxing of scripts from non-contract pharmacies, and potentially enable local pay impositions to be made by FHSAs (p288). Consultations appear to be continuing, but there is little time left for negotiators and the profession's leaders to make an impression on unimpressible mandarins and ministers. In the end, all pharmacy can do is to press its case and to give exemplary service to its customers. After all, as PSNC's Stephen Axon points out, the health secretary has a duty to ensure pharmaceutical services are available. The public will punish politicians at the ballot box who prevent professionals practising to their full potential.

Editorial

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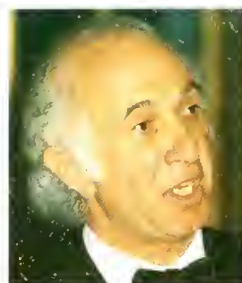
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PSNC takes delegated dispensing right to court

The Pharmaceutical Services Negotiating Committee has succeeded in gaining leave for a judicial review of the practice of delegated doctor dispensing.

The case follows an Appeals Unit ruling against Selles Dispensing Chemists, Caistor, Lincolnshire, which classed as irrelevant doctors Wood & McKinlay's stated intent to delegate dispensing.

Justice Owen, hearing PSNC's case, has ruled that the accepted practice of delegated dispensing is open to legal challenge. However, unless an expedition order is granted, it could take up to two years before the case is heard.

Shadow health secretary Margaret Beckett, alerted to this practice by a pharmacist in her Derby South constituency, is to look into the situation.

It is also understood that PSNC chairman David Sharpe will refer to the practice in his forthcoming speech at the PSNC dinner. One hundred and sixty parliamentarians, including for the first time a leading front bench opposition health spokesman, are to attend the dinner.

In 1994, 1,215 GP practices dispensed — nearly 2 per cent more than in 1991.

Humberside judicial review averted

Humberside doctors are set to withdraw their plans for a judicial review of the Clothier Regulations (see *C&D* December 24/31, p988).

The proviso is that Humberside Family Health Services Authority allows them to comment on the necessary or desirable aspect of the proposed pharmacy application for Holme-on-Spalding Moor, made by a pharmacist already on the FHSA's pharmaceutical list. The Authority must also pay the costs incurred by Dr Marsden and partners in their legal actions, estimated at between £15-£20,000. The FHSA agreed to this proposal at a meeting this week.

Paul Buhner, senior administrator at the Authority, notes that if the FHSA had lost the judicial review, the estimated costs of the action could have been as high as £100,000.

Humberside FHSA will make a final decision on the Holme-on-Spalding Moor application in the middle of March.

Way cleared for local negotiations; local imposition to follow?

All NHS pharmacy services could be administered and paid for locally from April 1. Final consultations are taking place on regulations which will allow family health services authorities to select pharmacy contractors to supply local services — not just 'new roles' — although PSNC still believes it will be consulted on current core services.

Additionally, the regulations — which are to be laid in March — make clear that pharmacists' hours of service are to be extended to include the one-hour closing now allowed for lunch, and by half an hour in the evening to 6pm. Hence a 49-hour week is possible for a five and a half day week; 54 hours for six-day openers.

Appeals to FHSAs which require services outside that time, may be allowed in the future; appeals are allowed for the newly-defined hours of service.

Chemist & Druggist understands the new regulations will also allow pharmacists greater flexibility in the advice they can give to persons that are in control of homes registered under the Registered Homes Act, on the safekeeping and correct administration of drugs provided to residents.

The fair wages clause in the current regulations, which requires proprietors employing pharmacists and assistants to pay statutory minimum wages, as set by the National Joint Industrial

Council for Retail Pharmacy, is to be removed from the current text.

The new regulations will tidy up wording on the types of promotional literature FHSAs can require pharmacists to display.

The key paragraph on contractor payment relates to the Drug Tariff. It says that in respect of any specified fee falling within paragraph 1(g), or any other specified fee, allowance or other remuneration, in respect of the provision of pharmaceutical services by chemists on the pharmaceutical list of an FHSA, that the determining authority for that fee or allowance or other remuneration for those chemists is the FHSA.

When asked to interpret this 'legalese' Pharmaceutical Services Negotiating Committee secretary Stephen Axon says: "As far as devolution of services is concerned, the specific fee levels and arrangements will not be included in the Drug Tariff and, therefore, we could expect a general provision in the Tariff relating to the devolution of consultations/negotiations to local level.

"For each devolved service or fee a specific amendment would have to be made to the Tariff for consideration by PSNC," says Mr Axon.

C&D believes the regulations require FHSAs to consult with local pharmaceutical committees before determining pay, and that the FHSA appears to have the

right of imposition after publishing payment rates and procedures as it sees fit.

FHSAs can also conduct local pay inquiries and chemists are required to respond to an FHSA request for information within 30 days of the notification.

John D'Arcy of the National Pharmaceutical Association says: "The regulations as outlined appear to allow consultation with LPCs, but no more.

"This doesn't fit with what we assumed would be local negotiation. Local imposition could be the order of the day."

Mr D'Arcy says that, although there seems to be a right of appeal, it is apparent that "the FHSA can determine the fees at any level it sees fit".

Mr Axon says PSNC has made it clear to the DoH that it will oppose further devolution of services until it can be assured that the FHSAs "are sufficiently resourced" in both staff and finances.

"Primary legislation makes it clear that the Health Secretary has a duty to provide services," says Mr Axon.

One surprise is the absence from the proposed regulations of any mechanism for preventing the faxing of prescriptions between a non-contract and a contract pharmacy for dispensing, given the Health Minister's hint that English and Welsh practice would be brought into line with Scottish law (see *Letters*, p316).



Last week we offered a bottle of champagne for the best collective noun describing this bevy of UK NHS contractor negotiators (People, p282). The suggestions have been many and various — some unprintable — and have included a forlorn, a nugget, a compromise and a smarm. And the winner is ... Sue Allen of Flitwick Pharmacies, Flitwick, with 'a packet', in the forlorn hope that the nugget can smarm the health departments into parting with a packet without compromise!

Batch recall on Warticon Solution

Perstorp Pharma is recalling Warticon Solution batch No DXC 241 (expiry date April, 1996). The company has discovered that the closure caps are not adequately tightened on this batch. Spillage has taken place, as well as evaporation, which has produced an increase in the concentration of the active agent, podophyllotoxin.

Pharmacists at Genito Urinary Medicine Clinics are requested to return any stocks of this batch to their suppliers for replacement. The recall does not apply to any other batches of Warticon or Warticon Fem.

Further information can be obtained from Jane Brown at Perstorp Pharma Ltd. Tel: 01256 477868.

Pharmacy stress levels judged 'psychoneurotic'

Occupational Stress Indicator ratings for pharmacists show almost 9 per cent of pharmacists would qualify as psychoneurotic patients on the basis of their mental health 'score'.

An additional 8 per cent would qualify as patients on the basis of their physical health score.

The problem, says Valerie Willett, PhD student at Manchester University, which conducted the study, is not just confined to pharmacy. Similar OSI scores were found in an across the board poll of stress levels in health authority personnel. "It is the same for every profession. People under stress make more mistakes," she says.

Pharmacists, however, derive considerable satisfaction from their work. The most satisfied group is independents in the job for over 11 years. The most dissatisfied were under 31s, working for large multiples for less than five years.

The results, which use a Manchester University in-house stress indicator, come from a pilot study of 200 North Western pharmacists and are based on 92 (46 per cent) usable replies.

The results show that pharmacists suffer from factors intrinsic to the job and from management role concerns (ability to delegate, perceived lack of influence, etc).

Pharmacists also report significantly more distress from career and achievement worries than doctors and managers and more problems with relationships than all other groups except health authority workers.

A nationwide study of stress is planned.

Drugs for malaria prophylaxis not on the selected list

Pharmacists presented with prescriptions that could be for malaria prophylaxis, or for a number of other conditions, such as gout, may still dispense them and will be paid by the

Prescription Pricing Authority.

Medical Regulations have been altered such that doctors can now charge a fee for malaria chemotherapy, if they wish.

Drugs for malaria prophylaxis

are not blacklisted (last week, p219); we apologise for the misleading statement, incorrectly attributed to the PSNC, that gave the impression that they are on the selected list.

PSNC 'concerned' over new-look FP10

The Pharmaceutical Services Negotiating Committee is to write to the Department and to patients' organisations in light of the proposed changes to the FP10.

The draft FP10 now lists 11 exemption categories, including: new categories for a patient currently receiving, or the partner of someone currently receiving, income support; currently receiving, or the partner of someone receiving, family credit; currently receiving, or the partner of someone currently receiving, disability working allowance; and with capital of \$8,000 or less when the allowance was awarded.

The draft also contains a Part C declaration for the patient to fill in the prescription charge payment (amount paid or nil). Age and gender declarations are also more detailed and those receiving income help and/or war/service exemption certificates are required to fill in the relevant serial numbers.

"It is clear," says PSNC chairman David Sharpe, "that as a result of the new declarations, pharmacists are going to spend more and more time explaining [the changes]. It still remains for the PPA to resolve how incomplete declarations will be processed."

PSNC, which was not officially consulted over the proposed changes, has received a verbal apology from the Department over the "misunderstanding".

Pay deal PSNC has written a "strongly worded" letter to health minister Gerald Malone, regarding the continuing lack of a pay offer. It is understood that Mr Malone is erring on the side of caution over his first pharmaceutical pay round, but that he will "tidy up" control of entry and prescription switching at the same time. PSNC will also use the approximate 200 replies from its survey of contractors dispensing 1,000-1,500 scripts in its effort to guarantee the transient professional allowance.

Discount enquiry An enquiry will take place on March purchases among 325 contractors. Contractors are reminded that "results will be extrapolated to form the basis of the discount clawback", points out Mr Sharpe.

Container costs PSNC notes that the Department of Health still refuses to take MDS into account in the 1995 container cost enquiry.

Pharmacy input needed Following correspondence with the NHS Executive and secretary of state Virginia Bottomley, PSNC has achieved clarification from the health minister over the position of pharmacy as a source of health professional advice at health authority level. At the third reading of the Health Authorities Bill on Tuesday, Mr Malone said that advice should come "not just from doctors and nurses but from a range of professions ... such

as ... pharmacists."

PSNC had noted with concern that the most recent draft amendment to the Health Authorities Bill did not specifically mention pharmacists as health professionals, and that, therefore, the profession may not be perceived as a preferred source of advice. The Committee is yet to decide whether further action on this issue is needed.

Regulation amendments PSNC is currently discussing several proposed amendments to the NHS (Pharmaceutical Services) Regulations. Areas taken back to parliament for further clarification are hours of service arrangements and appeal provision for additional hours and contracted hours. PSNC has succeeded in getting the latter altered from 9am-6pm to 9am-5.30pm.

Pharmacy Week PSNC is also attempting to publish a consumer education leaflet outlining pharmacy services and the dispensing process. The 'It's only tablets ...' leaflet will, hopefully, be available to all contractors for Pharmacy Week.

Drug Testing Annual contracts with national testing laboratories are to be cancelled from April 1. The new scheme, operated by the Society's inspectorate, will examine where medicines are obtained, the dispensing process and a visual inspection of items waiting collection.

Poodles on Prozac?

The 'personality cult' of Prozac may be preventing those who need treatment from seeking it, Elizabeth Wurtzel, author of *Prozac Nation*, has claimed.

In an article in last week's *The Guardian Weekend*, Ms Wurtzel notes America's obsession with Prozac. Eli Lilly's 'sunshine in a packet' antidepressant has gained such momentum that vets are now using it to treat pets with "obsessive grooming disorders".

She fears that "the people who are in the worst straits will think this is a drug that won't work for them because they have problems which are more extreme than all those lightweights".

Prozac Nation will be published by Quartet in May.



Plagued by **STRESS**

Stress has been dubbed the black plague of the 1980s. But as pharmacy stumbles through the recession-hit 1990s, Ailsa Colquhoun asks: is this disease dead and buried?

When elderly Mrs Jones comes in for her heart tablets, her local pharmacist always greets her with a friendly smile and a gentle "how d'you do?"

But never once will Mrs Jones think to worry about her pharmacist's health. Never once will she realise that the suicide rate among pharmacists is double that expected of the working population and more than ten times that expected from civil service executive officers.

Never once will she realise that every day her pharmacist is surrounded by the means to kill himself and that the experience of modern community pharmacy may just be giving him the reason he needs.

WORKING WORRIES

According to an Office of Population Censuses and Surveys report on occupational suicide among males aged 16-64, there were 51 pharmacist suicides between 1979 and 1990.

Alan Nathan, RPSGB Council member and developing force behind the Royal Pharmaceutical Society's stress line service, highlights how changing retailer circumstances, such as the rise of the multiple and the supermarket pharmacy, cut-backs in remuneration and an ever-increasing workload have set ticking a potential stress time bomb.

Many pharmacists, he says, now find themselves trapped by very low prescription turnovers and isolated from any means of professional support. "They have nobody to talk [their problems] through with. Nobody who understands their situation."

And it's not just a problem for the independent. "Multiples also suffer," says Mr Nathan, "in so far as people won't talk about [stress] as they are frightened that they may prejudice their chances for promotion. Their fear is that they just can't afford to be seen as being under stress."

Imogen Savage, research fellow at King's College, London, notes, too, how the changing professional role is asking pharmacists to abandon traditional skills in favour of new. "The

Society, keen to push forward new roles, has not been nurturing the roots."

Little wonder then that pharmacists' stress levels rate strongly against those of other health professionals. Little wonder that 20 per cent of calls to the Impaired Pharmacists Scheme (also known as the Sick Pharmacists

Health job stress league

Dentist***	7.3
Doctor**	6.8
Nurse/Midwife**	6.5
Environmental health	4.6
Pharmacist	4.5
Vet	4.5
Osteopath	4.3
Physiotherapist	4.2
Chiropodist	4.0
Optician	4.0
Radiographer	4.0
Speech therapist	4.0
Occupational therapist	3.7
Remedial gymnast	3.5
Dietitian	3.4
Average	4.6

*** extremely stressful job

** very stressful job

Source: 'Cooper Occupational Stress Ratings, Living with Stress' by C L and R D Cooper, L Eaker

Scheme) are due to 'burnout'.

Little wonder, too, that in 1993 a preliminary, subjective assessment by Society inspectors of coping levels in community pharmacy showed that, using a scale provided by King's College, one in 20 pharmacists were not only not coping — they had given up completely.

WHAT IS STRESS?

According to Cary Cooper, professor of organisational psychology at University of Manchester Institute of Science and Technology, occupational stress has six main sources: factors intrinsic to the job, such as poor working conditions; role within the organisation; degree of responsibility; role conflict/ambiguity; relationships at work; career development; job insecurity; organisational climate and structure (office politics, poor interstaff communication); and the home/work interface.

The physical manifestation of these are tension headache, emotional burnout (tiredness, irritability, frequent depression and inclination towards accidents), a propensity towards alcohol, nicotine and controlled drug addiction and general decline both in self and property (the inspectors' assessment was that stressed pharmacists were failing to meet professional standards, but not out of wilful negligence).

According to Professor Cooper and Sue Cartwright, research fellow at UMIST's centre for business psychology, in their paper 'Healthy mind; health organisation — a proactive approach to occupational stress', links have also been demonstrated between stress and coronary heart disease, mental breakdown, certain forms of cancer and accidents.

According to Professor Cooper and Sue Cartwright, research fellow at UMIST's centre for business psychology, in their paper 'Healthy mind; health organisation — a proactive approach to occupational stress', links have also been demonstrated between stress and coronary heart disease, mental breakdown, certain forms of cancer and accidents.

SOLVING STRESS

According to the two experts, there is much an individual can do to relieve stress, not least filling out some form of stress diary to help identify and increase a sufferers' awareness of individual stressor patterns.

Organisation-directed strategies to reduce stress include redesigning the work environment, establishing flexible schedules, analysing work roles and establishing goals. Perceived control over a situation is an advantage in managing stress.

A Marion Merrell Dow-sponsored booklet, called 'Conquering Stress', also notes how physical exercise, learning how to relax and putting stress into context and perspective can help.

Fortunately for today's troubled pharmacist, professional help is also available. A confidential helpline, the Impaired Pharmacists Scheme, has been running since January, 1993, co-ordinated by Joe Mee. Help is available at any time on 01895 813307.

However, recent recognition of the problem has led the NPA and the RPSGB to consider the launch of a joint stress line. Noting that 80 per cent of calls to the IPS relate to alcohol or drug addiction, they feel that something specifically designed for dealing with stress is now needed.

It is hoped that Council will

decide at its next meeting whether the line will be manned by professionals or pharmacist-volunteers, who may have more 'kinship' with callers.

Mr Mee sums up the problems of today's healthcare professional. "If you give freely of the self and self is never replenished, self becomes diminished."

Perhaps the time has come for Mrs Jones, the customer, to realise that carers are themselves now in need of care.

*Available by writing, with an A5 SAE, to MMD.

Are you stressed?

You can calculate your stress rating by adding up the following stressor scores. If your total is over 200, then some lifestyle changes should be instituted:

Death of spouse	100
Divorce	73
Marital separation	65
Jail term	63
Death in the family	63
Personal injury or illness	53
Marriage	50
Losing job	47
Marital reconciliation	45
Retirement	45
Illness of a family member	44
Pregnancy	40
Sex problems	39
New baby	39
Business readjustment	39
Change in financial circs	38
Death of a close friend	37
Change in work	36
Increased marital argument	35
Large mortgage/loan	31
New work responsibilities	29
Children leaving home	29
In-law trouble	29
Outstanding personal achievement	28
Spouse begins or stops work	26
School or college begins/ends	26
Change in living conditions	25
Change in personal habits	24
Trouble with boss	23
Change in working conditions	20
Change in residence	20
Change in school or college	20
Change in social activities	18
Change in sleeping habits	16
Change in eating habits	15
Holiday	13
Christmas	12
Minor law violation	11

Source: 'Conquering Stress'

PHARMCIST PEN PORTRAIT

David Poile



• **Qualified** in 1961 after completing his PhC at Brighton Polytechnic, following a two-year apprenticeship with Boots the Chemist at Ashford, Kent

• **Career** Joined BTC in 1961, working throughout Kent as an 'itinerant' pharmacist. In 1966 he spent six months at Folkestone as temporary manager before taking up a five-year appointment at Boots' Edgware Road, London, branch. In 1970 David transferred to Tonbridge, Kent, where he managed the town BTC branch until 1982, when he moved down the High Street to take up a partnership with S F Brown, buying him out two and a half years later.

David describes his move away from company pharmacy as "seeing the light", and "the best day's work I've ever done". The business is of around 250sq ft, split 50:50 between the dispensary and front shop, with turnover biased towards prescriptions.

• **Committees** David Poile is chairman of the Society's Weald of Kent Branch and has been an active member since 1970 when it was 're-born'. He has previously served as both treasurer and chairman. He is also NPA local Branch chairman.

• **Hobbies** David grows all his own fruit and vegetables. He also enjoys walking, and takes his wife to Austria to tread the footpaths.

• **Family** Two sons; one works in a stockbroker's office; the other is a freelance computer programmer and local councillor.

• **Pharmacy philosophy** David Poile believes that pharmacists should give a personal, friendly pharmaceutical service to the community. He knows 90 per cent of his customers and is on first name terms with most of them.

He is worried that the independent is a dying breed, squeezed out by the multiples and supermarkets, that will result in monopolies and impersonal service. He believes payment for a second pharmacist would enable independents to give an even better domiciliary service.



Outlaw irresponsible testimonials

Was your demand for Aloe Vera Juice last week as large as mine and, like me, did you not regret that you did not have a warehouse full of the stuff with which to satisfy the huge demand? This was a demand fuelled, as usual, by third party testimonial articles in the national press. But it was for a product which, a few years ago, I was glad to see the back of after a brief flurry of interest had left most of it to gather dust on my alternative medicine shelves.

One more example of the cynical exploitation of the legitimate worries of the very ill by a media more interested in their audience ratings than in providing medically-verifiable information to their readers. I am sick and tired of trying to pick my way through the disseminated mass of disinformation distributed via the editorial pages of the national media, and believe they should all now be held accountable for the veracity of their own articles.

Accountability has always been a thorny issue but, this week, I have found sickening the public hysteria that has been generated by the spectacular benefits claimed for a previously discredited

Topical Reflections

product, and all this outside of any licensing controls, courtesy of the tabloid press. "Not me, guv" is their standard defence, because they are merely reporting the 'facts' of third party testimonials, but without accepting any responsibility for the consequences.

Unlicensed food supplements cannot make direct medicinal claims, and their free availability has been stoutly defended in the face of EC efforts to enforce licensing requirements, but last week's fiasco highlights official and legitimate worries that exploitation of the vulnerable is an inevitable consequence when this freedom is abused. In this case, it is the press which has capitalised on this freedom, and it is it which must now be made legally responsible for substantiating testimonial claims its members have printed.

Payments don't overstep my threshold!

I understand that threshold payments are designed to compensate me for excessive quantity prescribing by doctors, where a simple change of prescribing policy can decimate a pharmacist's income. Just such a local change has recently concentrated my thinking when I checked, as an example, the threshold payments for a five-item prescription — all of 56 days' supply. I found that: I was only paid my extra 52p for three items; a fourth fell outside of the quantity required to trigger payment; and the fifth did not exist!

I assume the quantities listed in the Drug Tariff are

derived statistically from prescribing information, but why include Innovace but exclude the 2.5mg strength? And am I paid a threshold if prescribed generically? Equally, lisinopril, generic or branded, does not appear at all, but Serpasil, stilboestrol and Symmetrel all appear when I thought they had been superseded many years ago.

For threshold quantities to have any meaning they must be universally applied and include all drugs supplied. As to quantities, when that is clear from the prescription, a specified period should be agreed and only if this is not clear should a statistically-derived quantity be used.

The present system excludes many prescriptions from threshold payments, but many pharmacists must be practising in the mistaken belief that they are being universally compensated at 52p for every item of excessive prescribing. An examination of the relevant table in part 111A of the Tariff will quickly destroy that illusion!

Calendar dating

The Society's re-vamped Calendar arrived out of the blue, last week. It may be some time before I next need the name of the Society's treasurer in 1918, but there remains much useful reference material I am sure I shall have cause to consult.

My first thumb through left me astounded at the number of Society functions of which I was either unaware or had scant knowledge. If it does nothing else, this wider dissemination of the Calendar may help members to appreciate Lambeth's role a little better.

SCRIPTspecials

Is modified release necessary?

Some modified release preparations simply offer the manufacturer an opportunity to promote proprietary sales of patent-expired drugs, concludes a report by the Scottish Medicines Resource Centre.

It says prescribers should consider whether the patient would fare just as well, or better, on the simpler conventional release preparations which are often less expensive.

The authors of the report agree that some modified release preparations are meeting a genuine need, as they may improve

compliance and efficacy and reduce side-effects. However, this is most likely to be true if the drug has a short duration of action and requires dosing more frequently than twice a day.

According to the Centre, formulating antidepressants, antihistamines and vitamin and mineral supplements as modified release preparations offers little or no benefit to patients.

The authors applied their principles to a number of drugs to discover if a modified release version offered any clinical advantages. From their research

they concluded that there is an advantage for modified release carbamazepine and bronchodilators, possibly for diltiazem and nifedipine, but not, however, for diclofenac.

The policy of the Medicines Control Agency is that all modified release preparations should be prescribed by brand name. However, it has granted licences to generic modified release products, even though the use of a generic name may lead to confusion and dispensing of a different product on different occasions.

Movelat update

Movelat Cream and Gel are no longer recommended for use during the first trimester or during late pregnancy and are also contra-indicated in susceptible asthmatic patients. This brings Movelat into line with other topical, non-steroidal anti-inflammatory drugs. Redesigned Movelat packs are being phased in as Panpharma now holds the product licences. The company says there should be no need for returns, exchanges or credit of old stock. Panpharma Ltd. Tel: 01494 766866.

Klaricid 500mg tablets

Abbott Laboratories has discontinued supplying Klaricid 500mg in blister packs of 3 x 14 tablets and replaced them with packs of two calendar strips of 21 tablets.

Abbott Laboratories Ltd. Tel: 01795 580099.

Kefadim from AAH

Lilly's ceftazidime (Kefadim) is now stocked by AAH. It is available in four presentations: 2g/100ml vial for infusion; 2g/50ml vial for injection; 1g/20ml vial for injection; and 500mg/10ml vial for injection.

AAH Pharmaceuticals Ltd. Tel: 01928 717070.

Bupivacaine amps

Antigen has introduced Bupivacaine 0.25 per cent (10ml) and 0.5 per cent (10ml) in Sure-Amp 121° polypropylene ampoules. The price is the same as the equivalent in glass.

Antigen Pharmaceuticals (UK). Tel: 01704 545608.

Licence extension for Lipostat

The UK product licence for Lipostat (pravastatin) has been extended to include the dual indication of slowing the progression of atherosclerosis and the reduction of clinical cardiac events.

The manufacturer has based its submission on the results of clinical studies, in particular key pravastatin trials known as Pravastatin Limitation of Atherosclerosis in Coronary Arteries (PLAC) I and II.

These two trials showed a link between the use of pravastatin and a reduction in the size and rate of progression of atherosclerotic plaques, as well as a significant reduction in total coronary events.

Treatment with pravastatin produced a 61 per cent reduction in the combined risk of death or coronary events and a 54 per cent

reduction in the rate of atherosclerotic progression in the carotid artery (PLAC II). There was a 74 per cent reduction in heart attack after 90 days in patients taking part in PLAC I trials who were treated with pravastatin.

Dr John McMurray, a consultant cardiologist from Edinburgh Western General Hospital, has compared the effectiveness of cholesterol-lowering therapy with other coronary interventions. He says: "It has been shown that cholesterol-lowering therapy has a substantial benefit over and above that already obtained with aspirin and beta-blockers, both of which are seen by cardiologists as routine therapy following a heart attack."

Bristol-Myers Squibb Pharmaceuticals Ltd. Tel: 0181 572 7422.

Trends in antidepressant therapy

Over the last two years usage of selective serotonin reuptake inhibitors (SSRIs) has increased by 260 per cent and costs have shot up by 190 per cent, says the Prescription Pricing Authority.

Fluoxetine (Prozac) and Paroxetine (Seroxat) are the most prescribed, with the use of paroxetine increasing at a faster rate.

Over this period the use of older tricyclic antidepressants (TCAs) has remained constant, but costs have decreased by 10 per cent, mainly due to a 25 per cent reduction in the price of amitriptyline.

Data released from the PPA reveals that over this period there

has been a 20 per cent rise in the use of monoamine oxidase inhibitors (MAOIs) caused primarily by the introduction of moclobemide (Manerix), which has increased the cost of this group by nearly four times.

Based on available evidence, the PPA suggests that for young, fit patients the appropriate drug "may" be a TCA, while patients with cardiovascular disease should use newer compounds. However, it also states that the "ultimate aim of all drug treatment is to improve quality of life" and proposes that this should be taken into account when assessing treatment costs.

SB discontinuations

Smithkline Beecham Pharmaceuticals is discontinuing the 30-tablet and 500-tablet bottles of Augmentin 375mg due to low demand. Stocks of the discontinued lines will be maintained until April/May, 1995. Smithkline Beecham Pharmaceuticals. Tel: 01707 325111.

PSNC news

PSNC says the Department of Health has agreed that the Sodium Bicarbonate Compound Tablets BP be classed as Category D for February prescriptions. Prescriptions may be endorsed with manufacturer, net cost price and pack size. Unendorsed prescriptions will be reimbursed at Drug Tariff prices.

Skintact option

Robinson Healthcare says that due to changes in the Drug Tariff, Skintact is the 'money-saving choice' for open prescriptions for perforated film absorbent dressings. The Drug Tariff previously stated that an open prescription for a PFA dressing required Type I to be dispensed. Now pharmacists can choose from all types of PFA dressings, but will be re-imbursed £0.09 (5 x 5cm), £0.16 (10 x 10cm) and £0.32 (20 x 10cm for the completion of an open prescription, in line with the cost of Skintact (Type 4). Robinson Healthcare. Tel: 01246 220022.

HRT patient helpline

Schering Health Care has launched a patient helpline on hormone replacement therapy. The Nuvelle Helpline is intended to supplement information the patient has already obtained from their GP, pharmacist or a patient information booklet. Pre-recorded messages are selected by the caller, so the helpline cannot deal with specific problems. Details of the Freephone number are given in the Nuvelle patient information booklet.

Schering Health Care Ltd. Tel: 01444 232323.

Alcobon tablets 500mg

Roche has discontinued Alcobon tablets 500mg x 100 and is not accepting returns of old stock. Roche Products Ltd. Tel: 01707 366000.

PRESCRIBING INFORMATION

Presentation A white cream containing 1.0% Clotrimazole BP and 1.0% Hydrocortisone PhEur.

Uses Clotrimazole is a broad spectrum antifungal agent. It also exhibits activity against Trichomonas, Staphylococci, Streptococci and Bacteroides. It has no effect on lactobacilli. Hydrocortisone has a vasoconstrictive effect, thus reducing inflammation and oedema and also has an antipruritic effect.

Canesten HC is indicated for the treatment of the following skin infections where co-existing symptoms of inflammation, e.g. itching, require rapid relief:

1. All dermatomycoses due to dermatophytes, (e.g. Trichophyton species), moulds and other fungi.
2. All dermatomycoses due to yeasts (Candida species).
3. Skin diseases showing secondary infection with these fungi.
4. The treatment of nappy rash where infection due to *Candida albicans* is present. Candidal vulvitis, candidal balanitis and candidal intertrigo.

Dosage and administration

Canesten HC should be thinly and evenly applied to the affected area twice daily and rubbed in gently.

Contra-indications Hypersensitivity to any of the ingredients.

Warnings and precautions As with all corticosteroids, long-term continuous therapy to extensive areas of skin should be avoided, particularly in infants and children. In infants the napkin may act as an occlusive dressing and increase absorption. Treatment should be for a maximum period of 7 days.

Side-effects Rarely patients may experience local mild burning or irritation immediately after applying the cream. Very rarely, the patient may find this irritation intolerable and stop treatment. Hypersensitivity reactions may occur.

Use in pregnancy Topical administration of corticosteroids to pregnant animals can cause abnormalities of foetal development. The relevance of this to humans has not been established. In animal studies clotrimazole has not been associated with teratogenic effects but following oral administration of high doses to rats, there was evidence of foetotoxicity. The relevance of this effect to topical application in humans is not known. However, clotrimazole has been used in pregnant patients for over a decade without attributable adverse effects.

It is therefore recommended that *Canesten HC* should be used in pregnancy only when considered necessary by the clinician.

Accidental oral ingestion In the event, routine measures such as gastric lavage should be performed as soon as possible after ingestion.

Pharmaceutical precautions

Store in a cool place.

Legal category POM.

Further information Nil.

Package quantities and basic NHS cost

Tubes containing 30g; £2.25.

Produce licence number

PI 0010/0120.

Date of preparation December 1994

Reference

1. Jaffe GV and Grimshaw JJ.

Pharmatherapeutica 1985; 4 (5): 314-318.

Further information is available from:

Bayer plc, Pharmaceutical Division,
Bayer House, Strawberry Hill, Newbury,

Berkshire RG13 1JA.

Telephone (0635) 39000

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trademarks of Bayer AG



85p off Canesten HC. Have we gone a little potty?

Thankfully no, but we are pleased to say that, from a cost point of view, Canesten HC is now an even more attractive solution to the problem of candidal nappy rash associated with inflammation¹. And, of course, Canesten HC is still an attractive solution for mums and dads who appreciate a speedy return to normality. When it comes to Canesten HC, remember, nothing has changed except the price.



Canesten HC
clotrimazole and hydrocortisone

Just the job for candidal nappy rash associated with inflammation.

NEW Pripsen Mebendazole Tablets

Mebendazole USP 100mg



Threadworms are a common complaint and customers rely on you to recommend a complete and effective treatment.

New Pripsen Mebendazole Tablets are the only Double Dose treatment presented as two chewable tablets, each containing 100mg Mebendazole. The first dose kills the threadworms; the second, to be taken 14 days later if reinfection occurs, kills any threadworms produced from residual eggs.

With an RSP of £1.89, Pripsen Mebendazole Tablets offer your customers the reassurance of a complete effective treatment in one value for money pack - with the excellent profit margins you'd expect from Seton.

Pripsen Piperazine Phosphate powder has been tried and trusted for over 20 years and is still available on prescription and for OTC recommendation.

Make sure you talk to your Seton representative about special Pripsen deals.



 Seton
Healthcare Group plc
Pripsen is a Trade Mark

Presentation: Chewable orange flavoured, off-white tablets, containing Mebendazole USP 100mg. **Uses:** For the treatment of Threadworm (Enterobiasis) infestation. **Dosage and Administration:** Adults & Children Over 2 years - Initial Dose: 1 tablet to be chewed, or swallowed with water. The initial dose to be followed by a second tablet, 14 days later, if reinfection occurs. Not suitable for children under 2 years. **Contra-indications, Warnings etc, Contra-indications:** Mebendazole has not been studied extensively in children under two years of age - for this reason it is not currently recommended for children under two years of age. **Other undesirable effects:** Side-effects reported have been minor. Transient abdominal pain and diarrhoea have been reported only rarely in cases of massive infestation and expulsion of worms. (Slight headache and dizziness have been occasionally reported). **Use in Pregnancy and Lactation:** Since there is a risk that Mebendazole could produce foetal damage if taken during pregnancy, it is contra-indicated in pregnant women. No information on secretion into breast milk is available so mothers taking the drug should not breast feed. **Other Special Warnings and Precautions:** If after two weeks you need to take the second tablet, following which your symptoms persist, then consult your doctor. **Overdosage:** No cases of overdose have so far been reported with Mebendazole, but gastric lavage and/or supportive measures would be recommended. Symptoms of acute overdose would be expected to include gastrointestinal disturbances, abdominal pain, headache, dizziness, pyrexia and convulsions. **Pharmaceutical Precautions:** Store at or below 25°C in a dry place. **Legal Status:** P Packs; Blisters of 2 Tablets. **Price:** R.S.P. £1.89. **Product Licence Number:** PL 0358/0084. **Product Licence Holder:** Cupal Ltd. **Distributor:** Seton Healthcare Group plc, Tubiton House, Oldham, OL1 3HS, England. Telephone: (0161) 652 2222. **Date of Revision:** November 1994.

POS support for Dermacort eczema indication

Dermacort cream, containing 0.1 per cent hydrocortisone in a lanolin-free cream base, is now licensed for the OTC treatment of mild to moderate eczema (15g, \$2.49). Panpharma has produced a range of point of sale material for window and in-store displays to promote the new indication for the product. Consumer leaflets entitled 'A guide to help you cope with skin irritations, itches and rashes' are available to pharmacies for distribution with Dermacort purchases.

Panpharma is also supporting the brand with an advertising campaign in selected women's press and healthcare journals. A pharmacy staff support programme includes a products quiz which is primarily aimed at assistants.

Dermacort is also

licensed for treatment of reactions to: insect bites and stings; plants, including nettles; soaps

and detergents; perfume; and jewellery.

Panpharma Ltd. Tel: 01494 766866.



Unichem goes for antimony-free cot protector

Following ITV's 'Cook Report' last November which suggested a link between cot deaths and mattresses containing fire

retardant chemicals, Unichem is introducing a Cot Mattress Protector.

Available from March, the protector is

antimony- and phosphorus-free. It is manufactured from a multi-layer bonded, coated polypropylene fabric. It fits any cot size, is non-allergenic, dustproof and repels stains and liquids.

As a special introductory offer during March, Unichem is reducing the normal trade price of \$6.50 to \$5.85 which gives a POR of 39 per cent (on an rrp of \$10.99).

• The link between mattresses containing antimony and phosphorus and cot death remains unproven, but the Foundation for the Study of Infant Deaths is pursuing further research to check the findings of the TV programme.

Unichem plc. Tel: 0181 391 2323.



Wound Wash ad campaign

A £1 million support package for Savlon Wound Wash, including a nationwide print advertising campaign breaking next week in the national press (extending to women's titles in March).

Two bursts are planned; the spring launch will be followed by a second wave in June to coincide with the school summer holidays.

The new ads feature a tearful child with the strapline, 'Our new spray will stem the flow in seconds'.

Wound Wash will also benefit from PR activity and POS material.

Zyma Healthcare Ltd. Tel: 01306 742800.



Kid-friendly plasters

Robinson Healthcare is introducing Fast Aid Friends, a range of waterproof, printed plasters for children.

The range features giant characters, such as Ugly Bugs and Manic Monster. Each pack contains seven large-size waterproof plasters in two designs (5.1 x 7.6cm) and eight smaller in two further designs (2.5 x 7.6cm). Packs retail at \$1.49.

Robinson Healthcare. Tel: 01246 220022.

New Zealand Mussel

Musseltone and Celery Complex is new from Healtheries of New Zealand. Each tablet contains 350mg of New Zealand green lipped mussel extract and 2g of celery seed (30, \$6.45).

Health Imports Ltd. Tel: 01274 487662.

New-look Mu-cron support

Zyma Healthcare is running a promotions package to support its new-look Mu-cron, nasal decongestant.

The package includes a pharmacy assistant competition — where 100 Carmen Facial Saunas can be won — as well as point of sale material.

New consumer education leaflets are also available. Each leaflet has a branded forehead thermometer on the front and incorporates a market research questionnaire. A limited number of facial steamers will be available as an incentive for consumers to return the questionnaire.

Ads will also be running in the national press and women's magazines.

Zyma Healthcare Ltd. Tel: 01306 742800.



Hair care goes by the numbers



Schwarzkopf's Gliss Corimist relaunches early next month as a whole new concept in choosing hair care products.

The range, now known simply as the Gliss range, adopts a 'factor' system.

The idea behind the relaunch is twofold; to simplify the purchasing process and to provide consumers with a more personalised regime.

The Gliss range now comprises: Factor 20 Overnight Hair Reconstructor (\$4.99, 100ml); Factor 12 Deep Moisturising, Deep Nourishing or Deep Replenishing Treatments (\$2.99, 150ml); Factor 8 Split Ends Serum (\$3.99, 50ml); Factor 6 Hair Revitaliser (\$1.95, 100ml and \$0.65, 20ml); Factor 2 Moisturising, Nourishing and Replenishing Conditioners (\$1.99, 250ml); Factor 1 Shine Tonic Spray with jojoba or lecithin (\$1.89, 100ml); Moisturising, Nourishing or Replenishing Shampoo (\$1.99, 250ml); Cleanse & Revive Shampoo (\$2.15, 250ml); Styling Mousse

Natural Firm (\$2.45, 200ml); and Hairspray Natural Firm (\$1.89, 200ml).

As part of the total \$2 million launch support package, Schwarzkopf has produced a grid ideal regime system, offering three hair programmes (restore, maintain and enhance) for seven hair types (bleached, permed, coloured/highlighted, dry/damaged, sun/chlorine damaged, heat styled and long/damaged). These have also been three-way colour-coded; purple for the first three 'chemical' categories, red for the three 'environmental' categories and yellow/orange for long hair.

The grid will also feature on all literature and POS materials, while a TV campaign, kicking off with a big launch splash, will centre around the 'You are individual' message. Exact campaign timings and costs are being kept under wraps.

Schwarzkopf Ltd. Tel: 01296 314000.

Cerruti debuts new perfume for women

Five years after the launch of 1881 Pour Homme comes the women's counterpart from fashion designer Nino Cerruti.

The women's perfume is a woody, floral fragrance with top notes of mimosa, freesia and bergamot; heart notes of orange blossom, camomile, geranium and

jasmine. Base notes are sandalwood, cedarwood, amber and musk. The note of fleur de lin has also been used to evoke one of the designer's favourite textiles.

Packaging is in pink ochre and frosted glass. The range comprises: parfum (7.5ml, \$49); eau de toilette spray (100ml, 50ml, 30ml at \$39.50, \$29



Imedeen gift special offer

Ferrosan is offering a special gift with purchase promotion to independents.

Running from February 27 until April 21, a grey satin vanity case (worth \$5.95) goes free with every purchase of a month's supply of Imedeen.

Ferrosan Healthcare Ltd. Tel: 01932 336366.

Anais Anais body line revamp

The bath and body collection of Cacharel's Anais Anais has undergone a packaging revamp.

Packs now feature a larger lily to emphasise the fragrance's key note.

The products contain extracts of lily, honey and camellia oil to moisturise the skin. The perfumed body cream has also been

reformulated in a new patented formula which uses a new generation of liposomes.

The range comprises: perfumed body cream (\$31), body lotion (\$21), bath and shower gel (\$13), soap (\$10), dusting powder (\$32), cream deodorant (\$10) and body spray (\$12.50).

Prestige & Collections Ltd. Tel: 0181 979 6699.

Get fit with Soft & Gentle

In a special on-pack promotion, Colgate-Palmolive is offering a free aerobics or fitness workout with one purchase from the Soft & Gentle 150ml aerosol range.

To claim a free workout, consumers tear off the promotional label and telephone a special number to receive a list of 200 participating clubs. They then book a session, taking along the label as proof of eligibility.

The promotional offer runs until April 17 and can be redeemed until September 30.

Colgate-Palmolive Ltd. Tel: 01483 302222.

Natural sun protection

Weleda is introducing a new sun tan cream with a SPF8 rating.

It is made from natural oils and fragranced with a blend of essential oils. Plant extracts included in the formulation are carrot, horse chestnut bark and witch hazel.

Available from April, it will retail at \$3.95 for a 75ml tube. A trade outer of six packs will cost \$14.52.

Weleda (UK) Ltd. Tel: 0115 9309319.

Colgate joins with Cow & Gate

In a promotion for its Mini Junior toothbrush and Colgate 0-6 Gel, Colgate-Palmolive is joining forces with Cow & Gate's In Touch programme.

The Cow & Gate programme comprises a mailer containing samples and useful information for mums. Colgate is now adding a leaflet to the pack.

The leaflet contains a 'tooth guide' giving

Giò's summertime spirit

Giorgio Armani Parfums is extending the Giò concept to a new summertime fragrance, Acqua di Giò.

The new fragrance is a semi-marine, semi-sweet perfume with notes of sweet peas and sea spray. Floral notes include jasmine, freesia and hyacinth at the heart with a woody dry-down.

The bottle echoes the original Giò bottle, though this time in frosted, pale green glass.

Available from April 12, prices start at \$19.95 for 35ml eau de toilette.

Prestige & Collections Ltd. Tel: 0181 979 6699.

Doing the leg work

Philips is promoting its Ladyshave Aqua range with a '30-day satisfaction money-back guarantee' to run throughout March, April and May.

The guarantee entitles any purchaser who is unhappy with her Ladyshave Aqua to a refund of the full purchase price if the appliance is returned within 30 days in its original packaging, with till receipt and completed promotional coupon.

The promotion will be supported by colourful showcards and national press advertising.

Philips Homes Appliances. Tel: 0181 689 2166.

What legs have been longing for...



Soft & Gentle has launched a premium-priced moisturising shave gel designed especially for women.

With over £1 million in women's consumer press* it's the ideal brand to take maximum advantage of this £11 million market opportunity.

And it's on promotion at your wholesaler now, so stock Soft & Gentle Shave Gel and enjoy the profits you've been longing for!

* Plus £2 million TV advertising behind Soft & Gentle anti-perspirant deodorants.



Fun-packed Polaroid

Polaroid has introduced a new Fun Pack featuring the company's 636 close-up camera.

Packaged along with the camera are two glitter wigs, two red

noses and ten face paints. The kit retails at a price of \$34.99.

• The company is also offering \$20 cash-back on purchases of Vision and Vision Date+ instant

picture cameras. The \$20 saving means Vision is reduced to \$79.99, while Vision Date+ is down to \$109.99.

Polaroid (UK) Ltd. Tel: 01727 859191.

Unichem cuts prices

Unichem is offering reduced prices on 100 top-selling OTC products. Retailers are to be informed of the move in next week's March offers mailing. See Business News for further details. **Unichem plc. Tel: 0181 391 2323.**

Hygienic Frador

It is the new applicators for Frador Tincture which help reduce cross-infection and not the new clampack as previously stated in Counterpoints, February 11, 1995. **Chemist Brokers. Tel: 01705 219900.**

Red Kooga correction

English Grains' new Red

Kooga Ginkgo Biloba supplement contains the concentrated equivalent of 2,000mg of Ginkgo Biloba and not 200mg as stated in Counterpoints, February 4, 1995.

English Grains Healthcare. Tel: 01283 221616.

New No7

Boots has relaunched its No7 cosmetics range. Products are now in black and gold, and have a squarer design. New shades and new products have also been introduced, including a new line of foundations, powders and blushers.

Taking the Mickey

Elastoplast is launching a new range of plasters

featuring Mickey Mouse. The new plasters are available in a larger size designed for use on knees and elbows (pack of eight), as well as in finger format (pack of 16). Both retail at £1.45.

Smith & Nephew Consumer Products Ltd. Tel: 0121 327 4750.

Collinge on the box

Andrew Collinge's new 'Precision' advertising campaign broke on TV and at the cinema yesterday. Hairdresser of the year, Collinge is promoting his Salon Solutions hair care range. The ad features Russian supermodel Oxana, star of the latest Bond movie, 'Goldeneye'.

Alberto Culver Co UK Ltd. Tel: 01256 57222.

Italian designer scents in UK

Rome-based designer Rocco Barocco is launching his women's fragrance lines in the UK. The scents are already widely-established in his native Italy.

Roccobarocco is a floral fragrance with a 50ml eau de parfum retailing at \$22.

Roccobarocco Tre has a more fruity scent. The range comprises: 100ml eau de parfum, \$32; 100ml eau de parfum vapo, \$34; and 50ml eau de parfum, \$24.

Roccobarocco Joint is a fruity floral, too. It comprises: 50ml and 100ml eau de parfum, at \$23 and \$34 respectively; 50ml and 100ml eau de parfum vapo, at \$25 and \$36 respectively.

Joy's & Partners Ltd. Tel: 0171 706 8881.

Nailing the market down

Manicare is adding nine new products to its nail and bathroom accessories range.

The latest nail additions comprise: a Toe Nail Scissor (£2.99), a Duct Clipper (£1.35) which is suitable for both finger and toe nails and a handy duo pack of Nail Glue and Glue Remover (£2.09).

For the bathroom there are two new products, a Loofah on a Rope (£1.29) and a Loofah Pad (£1.89). A Soap Box and matching Toothbrush Traveller in white or pink plastic are new additions, retailing at £1.05. There is also a white nailbrush at £0.99.

• The company has also launched a pack of three Eyelash Curler Rubbers, retailing at around £0.79. **Laughton & Sons Ltd. Tel: 0121 436 6633.**

ON TV NEXT WEEK

Aosept: CAR, C4

Arm & Hammer Toothpaste: All areas except CTV, LWT

Askit Powders: STV, GTV & C4

Colgate Plax: STV, A, M, LWT

Colgate Total: All areas

Dove Bar: All areas

Grecian 2000: GTV, STV, B, C4 Scotland

Halls Mentho-Lyptus: All areas

Hedex Headcold: GMTV

Ibuleve: S, M, A & U

Lil-lets applicator: C4

Medinex Night Time Syrup: All areas

Nicotinell: All areas

Nurofen Cold & Flu: All areas

Oruvail Gel: All areas except U, B, CTV & GMTV

Pepcid AC: G, C, HTV, CAR, C4

Rennie Rapeze: All areas except CAR

Sensodyne: All areas except CTV, LWT & GMTV

Seven Seas: GMTV

Slim Fast: All areas

Solpadeine: All areas except U & CTV

Strepsils: All areas

Tagamet: All areas

Wella Colour Mousse: All bar GTV, B, BSkyB, G, CTV, LWT,

GMTV & TT

GTV Grampian, **BBorder**, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

Revolutionary Cantassium Microvitamins including Folic Acid in easy-to-use Klik Packs – your quick route to healthy profits in this fast expanding market. Easy to take, easy to display and easy to sell.

- Cantassium Micro Folic Acid 400mcg protects the unborn child if taken before conception.
- Cantassium Micro Garlic for healthy heart maintenance.
- Cantassium Smoke Screen. Antioxidant Vitamins A, C and E to help protect from the effects of pollution.
- Cantassium Micro Multi. Multivitamins – a must for general health maintenance.

Healthy Profits
Klik with Cantassium
The Vitamin Experts

Special offers and display material available on request.



Available from wholesalers or direct from Larkhall Natural Health, 225 Putney Bridge Road, London SW15 2PY. Tel: 0181-874 1130. Fax: 0181-871 0066.

PRODUCT INFORMATION: Presentation: Gelatin capsules containing an oil containing as active ingredients: Levomenthol Ph Eur 35.55mg, Chlorbutol B.P. 2.25mg, Terpineol B.P. 66.6mg, Thymol B.P. 3.15mg, Pumlilio Pine Oil B.P. 1980 103.05mg, Pine Oil Sylvestris 9mg. **Uses:** For the symptomatic relief of nasal congestion and colds in the head. **Dosage and Administration:** Adults and children over 3 months, carefully sprinkle the contents onto bedding or material, avoiding the possibility of skin contact. Alternatively, add to a pint of hot water and inhale vapour freely. **Contra-indications, Warnings, etc.:** Karvol should not be used by patients who are sensitive to any of the ingredients. Not recommended for children under 3 months of age. Avoid contact with eyes and prolonged contact with the skin. Do not take internally. **Package Quantities:** Packs containing 10 or 20 capsules. **RSP:** Capsules 10s £1.69, Capsules 20s £3.09. **Legal Category:** GSL. **Product Licence No:** PL 0327/5914. Crookes Healthcare Ltd, Nottingham NG2 3AA.



A little piece of quiet.

All children need warmth and affection, but those with nasal congestion also need effective relief.

That's what they get from Karvol. It allows them to breathe easily throughout the night, and it does so gently, as there's nothing to swallow or rub onto a child's chest. Simply dab the pre-

measured dose on a handkerchief tied to the cot, and the natural vapours of pine, menthol and cinnamon effectively unblock stuffy noses.

That means a good night's sleep for children and their parents - and keeps Karvol in front as the most recommended nasal decongestant for children.



Gently does it

CHLORBUTOL. MENTHOL. PINE OIL SYLVESTRIS. TERPINEOL. THYMOL. PUMILIO PINE OIL.

FOR MORE INFORMATION ON KARVOL DECONGESTANT CAPSULES, PLEASE CONTACT CROOKES HEALTHCARE LTD., PO BOX 57, NOTTINGHAM NG7 1LJ

Pharmacy Fair heads for Harrogate!

Date: Sunday
March 26, 1995
Place: Majestic
Hotel, Harrogate
Time: 10am-5pm
Tickets: MGB
Exhibitions. Tel:
0181 302 8585

This March sees the return of the Pharmacy Fair to the North.

Sunday, March 26 is the date for your diary when the exhibition opens in Harrogate's Majestic Hotel.

Easily accessed from the M1 and A61, Harrogate is only 85

miles from Liverpool, 50 from Manchester, 102 from Newcastle-upon-Tyne and 15 from Leeds.

The charming spa town is renowned for its Royal Horticultural Gardens and was once a popular haunt of royalty and the aristocracy. It was also the scene of Agatha Christie's mysterious two-week disappearance scandal ... Why not make a weekend of it? With the special hotel exhibition arrangements, there are no excuses! Contact the Majestic Hotel by telephoning 01423 568972.

The last time the exhibition was in the North was seven years ago when it was staged at Manchester's G-MEX.

The number of exhibitors keeps on growing, but currently stands at 43. Companies already signed up include APS/Berk, Tisserand Aromatherapy Products, Henkel Cosmetics, Blackmores, Collection 2000, Evans Medical, Grafton International, Fotostop Express, Wilkinson Sword and Seton Healthcare.

Latest news ...

• Diana Drummond Skin Care of Argyll in Scotland will be exhibiting its range of seaweed-based cosmetics. Everything from the gathering of the ingredients to final production is carried out in Scotland, using the unpolluted water found on the West Coast.

There is both a skin and hair care range and the company is also responsible for Moskitox, a tried and tested formulation to keep the dreaded Scottish midge at bay.

• Doncaster Pharmaceuticals will be showing Start A Fresh, a pack containing briefs, towel, tampon, feminine wipe, hand/face refreshing tissue and moisture-proof sealable sachet.

• Torbet Laboratories will be exhibiting its range of OTC medicines, including its recently-acquired products: Anethaine

Cream, Moorland Antacid Tablets, Junior KAO-C Diarrhoea Suspension and Dentogen Gel and Oil for the relief of toothache. Also featured will be its Birley's Antacid Powder and Buz-Pel insect repellent wipes. Special discounts will be available.

• Henkel Cosmetics will be exhibiting its portfolio of toiletry brands: Silkience, the recently-relaunched hair care brand; Thera-Med, the combination toothpaste and mouthwash; Aapri, currently being promoted via a £450,000 print advertising campaign; Nulon, recently-repackaged and being supported in a national women's press advertising campaign; Henara hair care; Poly Style; and Adorn. There will be exclusive promotional offers on all brands at the fair.



One-Step to Improve Your Professional Profits!

Early Bird® Professional Pregnancy Test for In-Pharmacy use



New Early Bird® Professional introduces a new era in low cost pregnancy tests.

Advanced technology has enabled us to reduce the cost of Early Bird® Professional to just £33.50 or £1.67 per test. Now available in packs of 20, Early Bird® Professional is a quick, simple and accurate test. With a new low cost that will work wonders for your professional profits.

Now available from AAH, Barclays, Numark, Unichem and other leading wholesalers.



**As usual our advertising will be
painful to watch.**

It's a sight for sore throats. Strepsils are back on TV with our biggest-ever spend and a new commercial. It's on air from December through to March, so stocking up now won't hurt you.



Stock market wizard from DALLAS

Don't be deceived by the soft voice and shy smile. Pharmacist Jayesh Manek shamed the City boys by turning a £10 million investment into more than £500m in six months, collecting the jackpot in the *The Sunday Times* Fantasy Fund league

The biggest challenge for Jayesh Manek when he entered *The Sunday Times* Fantasy Fund Manager game last year was competing with professional investors. The pharmacist, who owns the Dallas Chemist chain, rose to the challenge admirably, taking first, second, fourth and fifth places in the game. Eight of his 28 funds finished in the top 12 and 18 in the top 50. His achievement is even more impressive if you consider that 41,000 funds were entered in the competition and Mr Manek has had no formal training in dealing stocks and shares.

The satisfaction of beating dealers at their own game was not his only reward as he picked up the top prize of \$100,000, as well as 16 weekly prizes of \$1,000 for the best investment. Naturally, some of his jackpot has been carefully invested in the stock-market. However, he would not describe his winnings as money for nothing as, apart from the \$560 entry fees, "it took four to five hours a week at the beginning, but as the competition went on it was more like three to four days a week, and it was always on my mind — working out strategies".

He attributes his success in the game to "selection, timing and, most importantly, having an

overall strategy, just like in a business". Some of his largest returns came from investing in small shares, sometimes at several times more than the stock-market capitalisation of the stock in question. This would not be possible on the real stockmarket but was permitted under Fantasy Fund rules.

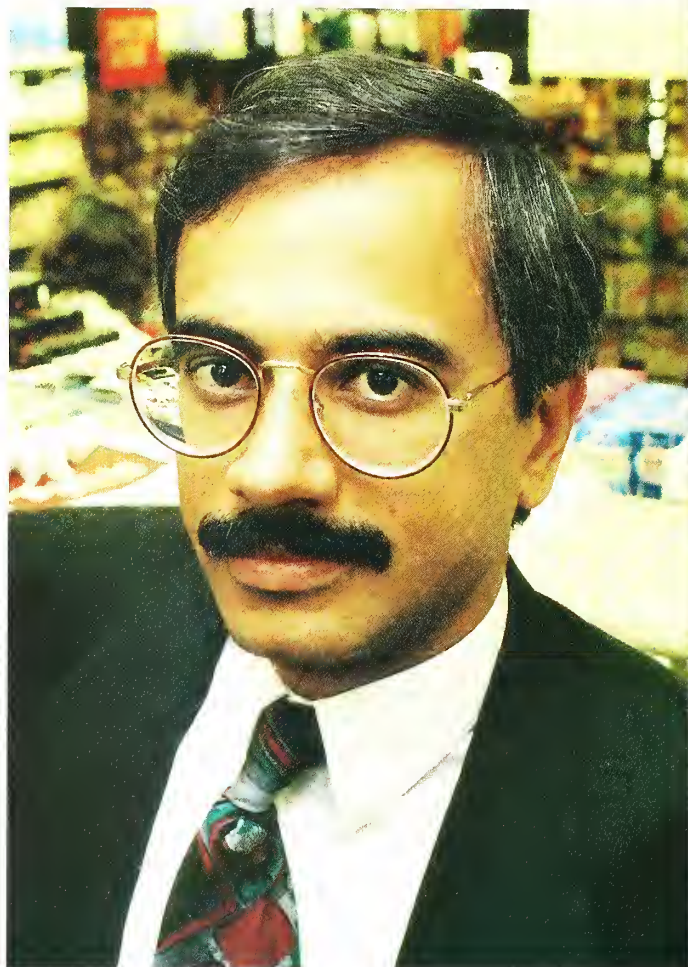
Perhaps as a direct result of his success with this strategy, *The Sunday Times* has changed the rules for this year's competition to prevent players investing hundreds of millions in companies only worth a few million. It says: "By giving companies a 'capitalisation ranking', a more level playing field will be maintained throughout the game." Jayesh seems unperturbed by this: "I will adjust my strategy accordingly".

It is easy to forget that stocks and shares are merely a hobby for Mr Manek and that his day job is running the Dallas Chemist chain of eight pharmacies, situated around the London area.

Pharmacy appealed to Jayesh as it allowed him to combine his interest in business with science subjects. He studied for his degree at Brighton University, distinguishing himself, not surprisingly, at business studies in the third year, when he was student of the year.

However, if he was to start college again, he would choose to study economics. "I have done pharmacy and know what is involved. It is still a good profession but young pharmacists today are as likely to be faced with disappointments as opportunities. I think it would be better to be an economist with an interest in pharmacy rather than the other way round."

Jayesh is not involved in the day to day running of the shop, which allows him to take a broader view of the chain,



Jayesh Manek: fantasy success was really hard work

looking at it from a "more creative point of view". He believes single, independent pharmacists can become blinkered by the daily routine.

"Groups like ours, which have succeeded in the last 15 years, have done so because of a combination of vision and long-term thinking. You require an ability to look beyond the first ten years."

However, Jayesh has not forgotten the importance of the customer's view. "I spend at least one day a fortnight working in the dispensary to stay in touch with what customers want."

Knowing what the customer wants extends to the design of all stores in the Dallas chain. Jayesh explains: "Most shop designs come from a shopfitter's point of view, but I believe it is essential to involve the pharmacist." Fortunately Jayesh has little difficulty putting this into practice as his brother, Hasu, designs the shop layouts.

Jayesh describes Dallas Chemists as "a small group with a high profile" and, therefore, its corporate identity is very important. As he explains: "The independent sector is still very

strong but the public automatically associate Boots with retail pharmacy. The Dallas name originated from the television series as it suggested a luxurious, upmarket environment. It raises expectations which we then have to meet."

Since winning the competition in December, a number of individuals and institutions have asked Jayesh to run their portfolios. However, he says "this would require full-time commitment" and he is unsure if he really wants to move in this direction.

For the time being, Jayesh Manek is content to run a chain of pharmacies which specialises in professional retailing and take his calculated risks on the fantasy stockmarket. Fantasy Fund II began earlier this month and the optimism of would-be stockbrokers will probably vanish when they learn that Jayesh is again pitting his portfolios against the professionals.

His advice to any *Chemist & Druggist* readers taking part in this year's competition is to have an overall strategy from the beginning.

And for those of us who hope to make our millions from a National Lottery ticket, Jayesh says: "The Lottery is all down to chance. I prefer an investment where you can improve the odds in your favour."

Organics Dandruff Control.

Now you needn't have a problem on your head and shoulders.



The Organics haircare range was the most successful toiletries launch of 1994, creating a brand worth £30m* a year.

Now Organics is set to grow even more with the introduction of new Organics Dandruff Control Shampoo and 2 in 1.

A massive 25% of all shampoo sales

are in dandruff / medicated brands - and that's despite little recent innovation in the sector.

So this launch is a major opportunity to grow your profits in the dandruff sector, especially as Organics will be backed by a massive £12m advertising campaign in 1995.



ELIDA GIBBS
LEADERS IN PERSONAL CARE

ORGANICS

*Source: AGB Superpanel sales expenditure.

What kind of prescription?

Do contraceptives in use today prevent or destroy life? Patrick McCrystal MPSNI addresses the ethical dilemma of dispensing drugs which research shows are in fact abortifacients

As a pharmacist, I enjoy the challenges of my work, engaged as I am in promoting health, aiding healing and prolonging life. However, it is with deepening concern that I have become aware of the implications of the abortifacient nature of some contraceptive pills and preparations distributed by my chosen profession. In my experience, there has been little discussion of this area, except that we are expected to conform and participate. A profession is undoubtedly strengthened and empowered to fulfil its function more effectively if it is open to questioning, scrutiny and debate, and allows the free expression of opinion within its membership.

As a contribution towards dialogue on this issue, I would like to consider some of the factual and ethical aspects of our professional involvement.

FIRST SIGN OF LIFE

There is a substantial body of medical and scientific evidence which indicates that human life is initiated at the time of fertilisation of an ovum. It is shown to be well under way by the time the newly-conceived embryo has travelled from the fallopian tube and implanted in the endometrial wall five to 14 days later.

It is the humanity of the newly-conceived life that must be examined. From conceptus to senility, each hour and day marks a unique stage in life's progress. From fertilisation, that process propels development and growth of the new life along a defined continuum of complex events resulting at birth with a new baby. Each stage of development is as necessary and as vital as the next, and thus stands equivalent in human essence. Newly-conceived human life, even at the pre-implantive stage of existence, surely cannot be denied recognition of its humanity.

One mode of action inherent in



Francis Leroy, Biocosmos-Science Photo Library

the effectiveness of many 'contraceptives' is to intervene in the endometrial implantation of the new human life should conception occur. This is effected by rendering the endometrial wall hostile to implantation. Thus the premature, artificially-induced expulsion of the newly-conceived embryo results. This action is, by definition, abortifacient.

Consider the 'morning-after' pill. The manufacturer's data sheet for Schering PC4 states it "is primarily aimed to prevent implantation of the fertilised ovum in the endometrium". This is one of the most direct statements in the literature of a mechanism that terminates new life.

Such a preparation is one of the most pertinent in this context to

the everyday practice of pharmacy. This 'emergency-contraception' is not contraceptive. It is not preventing or acting against conception. It is post-conceptive which, as indicated above, is abortifacient.

Oestrogens and progestogens can be prescribed for a variety of gynaecological disorders. However, the major indication for combined oestrogen/progestogen pills and progestogen-only pills is for contraception.

There are four recognised mechanisms by which they can exert their effect:

- the prevention of ovulation
- the prevention of endometrial implantation of the fertilised ovum
- the alteration of cervical muc-

ous consistency, inhibiting sperm mobility

- the decrease motility of fallopian tube

Depending on which pill is used, one or more of these mechanisms predominate in preventing on-going pregnancy. One essential consideration in this context is to determine to what degree birth control preparations fail to block ovulation, and so allow the follow-up mechanisms to be operative.

How these two main categories of pills act is as follows:

- **Combined oral contraceptive pills** have traditionally been regarded as inhibitors of ovulation, and much evidence exists to show that the older, higher-

Continued on p306 ►

YOU CAN'T RECOMMEND A BETTER WAY TO HANDLE ECZEMA

Hc45 is now available over the counter for mild to moderate eczema, which is good news for customers who suffer from this condition.

This pleasant non-greasy cream reduces the swelling and redness of irritated and itchy skin, soothes and calms the soreness while helping to heal.

Not only is Hc45 excellent in its own right, but it is supported by a complete range of proven emollients,

including Cream E45 – and

emollient therapy is the essential

foundation of day-to-day eczema

management.



The leading emollient for over 40 years, Cream

E45 replaces lost moisture in the skin, lubricating

and restoring the skin's flexibility. You should

recommend it for daily management, in the dry

stages of eczema – and also to help reduce

associated itching and provide extra soothing relief

during flare-ups, between the applications of Hc45.

Of course, when eczema is severe, you should still

refer to a doctor. But otherwise you

can confidently recommend the

complementary eczema treatment only

E45 and Hc45 provide.



PRODUCT INFORMATION: Hc45: Smooth white cream containing hydrocortisone acetate BP 1% w/w. **Uses:** For the relief of mild to moderate eczema, irritant contact dermatitis, allergic contact dermatitis and insect bite reactions. **Dosage and administration:** Apply sparingly to a small area, once or twice a day, for a maximum of 7 days. **Contra-indications, warnings etc:** Hc45 should not be used on the eyes or face, the ano-genital area or on broken or infected skin, including impetigo, cold sores, acne or athlete's foot. The product should not be used in pregnancy or in children under 10 years without medical advice. **Package quantity:** Tube containing 15g. **RSP:** £2.49. **Legal category:** P. **Product licence number:** PL 0327/0039. **Date of preparation:** December, 1994. Cream E45: White bland emollient cream which contains



white soft paraffin BP 14.5% w/w, light liquid paraffin Ph Eur 12.6% w/w and hypo-allergenic anhydrous lanolin 1.0% w/w. **Uses:** For the symptomatic relief of dry skin conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. **Dosage and administration:** Apply to the affected part two or three times daily. **Contra-indications, warnings etc:** Cream E45 should not be used by patients who are sensitive to any of the ingredients. **Package quantities:** Tubes containing 50g. Tubes containing 125g and also 500g. **RSP:** Tube 50g £1.70. Tub 125g £3.45. Tub 500g £8.10. **Legal category:** GSL. **Product licence number:** PL 0327/5904. **Date of preparation:** July, 1994.

◀ Continued from p304

dose formulations did just that. However, with many of the newer, low-dose oestrogen pills (20-30mcg) designed to minimise side-effects, research shows that 'breakthrough' ovulation does occur with an incidence ranging from 2-10 per cent.

If there is such a notable breakthrough ovulation rate, then it can only be surmised that the endometrial abortifacient mechanism is more heavily operative in preventing on-going pregnancy, should conception occur. This is especially so with these low-dose pills, since the cervical mucous/sperm hindrance mechanism appears to be minimal in effect.

● **Progestogen-only pills** (mini-pills) are used mainly by women for whom oestrogens are contra-indicated. Ovulation occurs to a significant degree with their use, up to 60-85 per cent, some say. In such cases, the mode of action depends on the progestational effect both on the endometrium and cervical mucus.

Sources agree that the mechanism rendering the endometrium unresponsive to implantation is operative and an important component in the prevent of on-going pregnancy. While some degree of cervical mucous thickening does occur, it is clear that

the abortifacient mechanism at the endometrial level plays a major role.

One author estimates the frequency of chemical abortion as one in every 88 cycles for a woman continually on the combined pill. This translates to 1.1 million chemical abortions in the US alone in 1989, based on an estimated 10 million users.

● **Depot preparations.** Similar figures for chemical abortions have been cited for the injectable depot progestogens, such as Depo Provera and the newly-marketed Norplant System. Both act on the principle of the progestogenic mechanism which includes interference with ovulation, cervical mucous and endometrial implantation. Considerable disparity exists in the literature on the degree to which Depo Provera permits ovulation, ranging from figures of 0-60 per cent.

Norplant is an implant system consisting of six hormonally impregnated silastic rods implanted subdermally in the upper arm. It is widely recognised to allow a high degree of ovulation, ranging from 20-75 per cent, depending on the time it remains *in situ*. This is usually for a period of up to five years. As well as altering cervical mucous viscosity, Norplant also sup-

presses endometrial growth.

With both these preparations, there are considerable grounds to believe that conception in some cases does occur with the consequent abortifacient mechanism being operative.

● **Intra-uterine devices (IUDs)** do not prevent ovulation or conception but rather counter implantation of the newly-conceived embryo. They all cause a local inflammatory response involving biochemical and cellular changes that make implantation unlikely. This biochemical rejection renders on-going sustenance unattainable and the embryo is lost with the subsequent menstrual flow. This is an abortifacient, rather than contraceptive, action.

In summary, the abortifacient mechanisms that prevent endometrial implantation of the fused ovum and sperm are operative to a significant degree using post-coital contraception, progestogen-only pills, depot progestogen injections, implants, intra-uterine devices and, to a lesser degree, with combined oral contraceptives.

ETHICAL QUESTIONS

If human life begins at conception, then termination of such life is occurring to a considerable degree using the commonly-

prescribed contraceptive methods. While it may not be the desired or deliberate intention on the part of the user or the healthcare professional involved in distributing these birth control methods, this termination of life is a fact independent of professional ethics, conscience or religious faith.

The US Department of Health has defined abortifacient procedures as:

"All the measures which impair the viability of the zygote at any time between the instant of fertilisation and the completion of labour constitute, in the strict sense, procedures for inducing abortion."

In light of this, surely we as pharmacists must examine, individually and corporately, our responsibility for our role and involvement. If, on the one hand, we are working to promote health and prolong life while, on the other, distributing drugs that terminate life, this must leave us open to being questioned on our integrity in this aspect of our professional practice.

Two questions to consider are:
1. Is our choosing to co-operate and facilitate the provision of these drugs ethically acceptable?
2. Can we justify co-operation on grounds of commercial gain, provision of service or com-

Nurofen Plus.

Ibuprofen BP. Codeine Phosphate BP.

Product Information: Each tablet contains ibuprofen BP

400mg and codeine phosphate BP 12.5mg. **Indications:**

Effective in the relief of migraine, headaches, neuralgia, dental pain, dysmenorrhoea, rheumatic and muscular pain, backache, feverishness, symptoms of cold and influenza. **Dosage and**

Administration: Adults and children over 12 years: initial dose 2 tablets taken with water, then, if necessary, 1 or 2 tablets every 4-6 hours. Do not exceed 6 tablets in 24 hours.

Precautions and Warnings: As with some other pain relievers, Nurofen Plus should not be taken by patients with a stomach ulcer or other stomach disorders or hypersensitivity to ibuprofen or codeine. Patients receiving regular medication, with asthma, anyone allergic to aspirin, and pregnant women should be advised to consult their doctor before taking Nurofen Plus. In normal use, side effects are very rare, but may occasionally include dyspepsia, gastrointestinal intolerance and bleeding, constipation, nausea, skin rashes, depending on dosage and individual susceptibility. Not recommended for children under 12. If symptoms persist for more than 7 days, patients should be advised to consult their doctor.

Product Licence Number: PL0327/0082. **Licence**

Holder: Crookes Healthcare Ltd., Nottingham

NG2 3AA. **Legal Status:** P. **Price:** 12's

£1.85, 24's £3.39. **Date:** January 1995



NEW

NUROFEN PLUS

ADVANCED DUAL ACTION

WHERE TWO GREAT POWERS MEET



Bill Longcore/Science Photo Library

mitment to health provision contractual arrangements?

The objective reality is that we are dealing with drugs that are actually or potentially abortifacient. Surely there are significant ethical and moral implications. The *Shorter Oxford English Dictionary* defines ethics as "the science of morals; treating of moral questions", moral being

This termination of life is a fact independent of ethics, conscience or faith

defined as "pertaining to the distinction between right and wrong or good and evil". While we may be endeavouring to work amid complex socio-cultural factors, it is only proper that the integrity and well-being of *all* our customers, including the pre-born, be considered and more fully discussed.

It may be argued that:

- it is the physician who has the primary responsibility for

initiating the treatment

- it is the patient who requested the treatment
- the pharmacist has only a passive, supply function.

But the fact is that the pharmacist is one of the two professionals who, by virtue of his or her position, uniquely facilitates the procurement of contraceptives. By his authority the items are obtained.

Let it be understood there are no moral judgments being cast here. It is a case of examining the facts to elucidate the truth. There are surely alternative means of healthcare provision in this area that are more consistent with a holistic approach.

Have we pharmacists considered the significance of our understanding of when life begins? A pharmacist's prime concern is the welfare of both patient and public. So what degree of responsibility do we owe our clients, many of whom rely on our medical education and good standing to guide and inform them of the actions and effects of their medications? Finally, can we neglect the effect of our decision on the viability of the innocent third party potentially present?

A list of references compiled in the preparation of this feature is available from the editor.

Conclusion

With commonly-dispensed contraceptive pills and devices, a mechanism at the endometrial level, causing the premature, artificially-induced expulsion of a developing embryonic presence, operates to a significant degree. This is an abortifacient, rather than a contraceptive, action. In such cases, there is termination of a process in which is embodied the blueprint of human life.

Pharmacists, by tradition, are called upon to co-operate in the distribution of these drugs. I suggest that such co-operation is inconsistent with promoting health or prolonging life. In this context, there is a real question of compromising our professional integrity.

I suggest to my pharmacist colleagues that there are ethical issues that require much more proper comprehensive discussion.

Is our unquestioning involvement truly ethical? We owe it to ourselves, the society we serve, and especially to the pre-born, to inform ourselves, to debate and to explore the fullness of the truth.

'IUDs counter implantation of the newly conceived embryo'

NUROFEN PLUS 24 Tablets

POWERFUL PAIN RELIEF

PAIN DOESN'T STAND A CHANCE.

The proven power of ibuprofen.
The established power of codeine.
By bringing them together in a unique combination, new Nurofen Plus gives you an ideal recommendation when extra-strength pain relief is called for: migraine, tension headache, cramping period pain, post-operative dental pain, neuralgia, sciatica, lumbago and rheumatic pain.

ADVANCED DUAL ACTION FOR EXTRA-STRENGTH PAIN RELIEF



Ulster Chemist Association president Sarah Mawhinney has risen to the top after just five years service on the Executive Committee. She was invited to join the UCA so as to make more widely available the vision and forthrightness she applies to her own businesses. She is now bringing her own experiences to bear on the development of the Association

Masterminding the momentum for change at the UCA

Sarah Mawhinney: adding value to the healthcare team is high on her agenda

UCA president Sarah Mawhinney believes that: "If the UCA is good, it's because the members have made it so. If it's falling down, it's because we don't try hard enough and need to communicate better." And communication is the name of her game.

She is seeking to develop better links with the Irish Pharmaceutical Union, in much the same way as the Pharmaceutical Society of Northern Ireland and the Pharmaceutical Society of Ireland interact.

"The IPU is more commercially minded," Mrs Mawhinney says. "I would like to open lines of communication that might be helpful to us both."

The UCA is affiliated to the National Pharmaceutical Association. Members pay the standard NPA fee, part of which goes to support the Belfast office and secretariat.

The core of the 26-man Executive comprises: Mrs Mawhinney; vice president Peter Wright; UCA trustee Thos O'Rourke, who sits on the NPA Board; and treasurer Ivan McKee. Sarah says Thos O'Rourke performs a pivotal role in UCA/NPA communications.

Its members are proposed and elected, or co-opted, but do not represent any particular area, although there is, in fact, a

broad geographical spread.

Sarah Mawhinney has tried to encourage a spread of younger people from across the province onto the Executive, to pick up on their "vibrancy".

The UCA has changed a lot, she says and, by implication, can change a lot more. "We're a trade organisation, and very strong on the representations we make to wholesalers and manufacturers on behalf of members. But we're not always making complaints; we hope they make gains as well," she says.

"We need to devise ways to develop the professional side of our business in the same way as we constantly strive to develop the front shop element."

For example, the UCA is keen to run a pilot study on repeat dispensing. "And we're now formalising our input on health promotion and the need for payment — although we're not a negotiating body," explains Mrs Mawhinney.

DEVELOPING

Community pharmacy is growing and thriving, but needs to diversify to achieve more, the president says, pointing to domiciliary visiting, formulary development and facilitating seamless healthcare as areas of opportunity.

"We need new money in the

pharmacy budget, not just to chop up the global sum differently, with increased payment made for increased services and the extra work and pharmacist input that results," says Mrs Mawhinney.

"Already community pharmacists do a fantastic job, providing an excellent service and one which the public appreciates. Levels of complaint are at a very low level.

"The public has good perceptions of pharmacy, but we cannot be complacent; we need to look at ways of innovating."

ADDING VALUE

The president suggests that adding value to the healthcare team is high on the agenda, while not forgetting the core roles of dispensing prescriptions and giving advice on the use of medicines, including ensuring that self-medication is properly monitored and supervised.

"Pharmacists are the ideal folk for health promotion in the High Street and in suburbia," comments Mrs Mawhinney. Smoking cessation programmes are ripe for community pharmacist involvement, she says.

Opening lines of communication with GPs to reduce the drug bill by encouraging rational prescribing will not simply save the health service money, she says, but pharmacists can give doctors drug information in a non-threatening way.

However, getting the right rate for doing the right job is obviously never far from the president's

mind. She points out that if washing machine service agents can charge a \$30 call-out fee, pharmacists shouldn't offer their professional labours for washers!

Her message to community pharmacists is that they should identify for themselves those professional services they wish to develop and those that they or their community desire.

"It's time to stop the talking and to act," concludes Sarah Mawhinney, with the UCA putting a structure in place to support both business and pharmacy practice development.

Sarah Mawhinney opened her first business in 1984 in Cliftonville Road, a then disadvantaged part of Belfast, to cries of "I wouldn't have done that". Since then, she has proved the doubters wrong, increasing the floor area of the pharmacy three times over.

With typical modesty she says: "The business has been very, very good to me."

A second business — one in stark contrast to the first — followed in 1986, when Mrs Mawhinney opened up a rural pharmacy in her home village of Cloughmills, in the face of dispensing doctor opposition.

Each business has a manager, and Sarah divides her time between work, her three children, aged three to seven years, and her UCA work.

Pharmacists are the ideal folk for health promotion in the High Street

Your serious first line recommendation for eczema



Emollients are the first line treatment for eczema, and you can recommend no better emollients than the Merck-Whitehall range.

Unguentum Merck, Balneum and **Balneum Plus** have been widely prescribed and recommended by doctors for many years. Non-prescription packs are available only from pharmacies.



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A serious opportunity for pharmacy

Unguentum Merck*

- all the benefits of a cream with the long-lasting effect of an ointment.

Balneum* Plus - the only bath treatment that relieves itching and soothes and softens eczematous skin and dermatitis for up to 7 hours.

Balneum* - the soothing and softening daily bath treatment. Contains soya oil.

For further information please contact your local Whitehall Pharmacy Representative.

PRODUCT INFORMATION

BALNEUM* Bath Treatment Active Ingredient: 84.75% w/w soya oil. Uses: For the treatment of dry skin conditions, including those associated with eczema and dermatitis. Dosage: For a full bath - 3 capfuls. For a child's bath - 1 capful. For a partial bath in a bowl or sink - 1/2 capful. Contra-indications, warnings, etc.: Balneum should not be used for the treatment of patients sensitive to any of the ingredients. Incompatibilities: None stated. Pharmaceutical Precautions: No special requirements. Legal Category: GSL. Package Quantities: Bottles of 150ml. Product Licence Number: PL 0493/0064. Product Licence Holder: E Merck Pharmaceuticals (a division of Merck Ltd.), West Drayton, Middlesex. Date of Preparation: January 1995. R.S.P.: £4.75.

BALNEUM* PLUS Bath Treatment Active Ingredients: 82.95% w/w soya oil BP, 15% w/w laurumacrogols. Uses: For the treatment of dry skin conditions including those associated with eczema and dermatitis where pruritus is also experienced. Dosage: The bottle is to be shaken before use. For a full bath - 3 capfuls. For a child's bath - 1 capful. For a partial bath in a bowl or sink - 1/2 capful. Contra-indications, Warnings, etc.: Balneum Plus should not be used for the treatment of patients sensitive to any of the ingredients. Incompatibilities: None stated. Pharmaceutical Precautions: No

special requirements. Legal Category: GSL. Package Quantities: Bottles of 150ml. Product Licence Number: PL 0493/0137. Product Licence Holder: E Merck Pharmaceuticals (a division of Merck Ltd.), West Drayton, Middlesex. Date of Preparation: January 1995. R.S.P.: £5.25.

UNGUENTUM MERCK* Cream Ingredients: Silicic acid, liquid paraffin, white soft paraffin, cetostearyl alcohol, polysorbate-40, glyceryl monostearate, saturated neutral oils, sorbic acid, propylene glycol, sodium hydroxide, purified water. Uses: For the symptomatic treatment of eczema, dermatitis, nappy rash, ichthyosis, protection of raw and abraded skin areas, pruritus and related conditions where dry, scaly skin is a problem. Dosage & Administration: A small amount of cream should be rubbed into the affected area of skin as often as necessary. Contra-indications, Warnings, etc.: Unguentum Merck should not be used for the treatment of patients sensitive to any of the ingredients. Incompatibilities: None stated. Pharmaceutical Precautions: No special requirements. Legal Category: GSL. Package Quantities: Tubes of 60g. Product Licence Holder: E Merck Pharmaceuticals (a division of Merck Ltd.), West Drayton, Middlesex. Product Licence Number: PL 0493/0013. Date of Preparation: January 1995. R.S.P.: £4.35. *Trade Mark.

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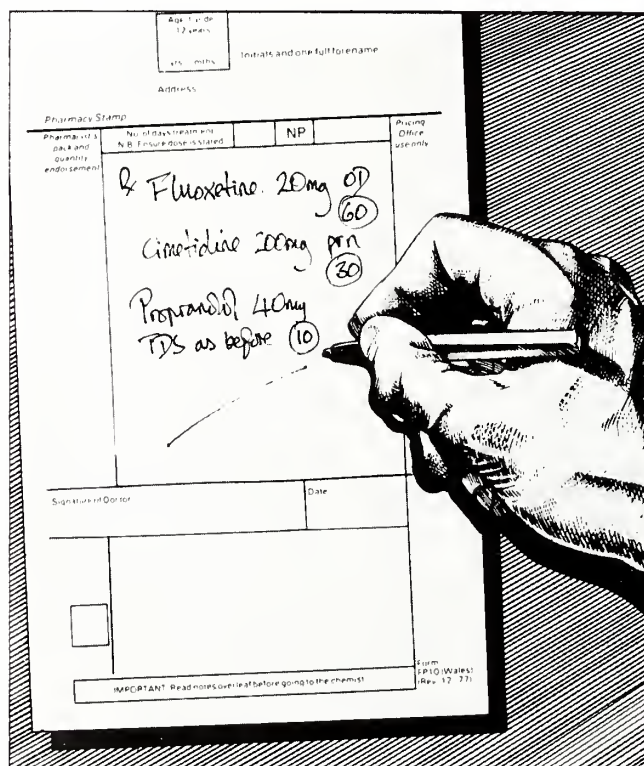
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A young man asks whether his new treatment (propranolol) could be affecting his other drugs. Since his first course last week, he's been feeling increasingly queasy and bloated, with wind-like pains, though he can't say exactly when this started. He says he's been fine with fluoxetine for depression for over a year and he's long had cimetidine for when he gets stomach upsets. The propranolol is supposed to help him cope with some worries over his new job, but he wants to stop it because he has an important presentation coming up tomorrow



QUESTIONS

1. Do you think there is an important interaction between propranolol and the other drugs in this case? What is your reasoning?
2. Gastro-intestinal symptoms are common with selective serotonin re-uptake inhibitors (SSRIs) — could this, or something else, account for the symptoms?
3. Would you agree he should stop the propranolol?
4. What other action do you suggest?

ANSWERS

1. Cimetidine inhibits the hepatic metabolism of propranolol, increasing its blood levels. The same is true of fluvoxamine — but not fluoxetine. This is not generally considered clinically significant, since the beta-blocker undergoes extensive first-pass metabolism, and blood levels vary widely. Furthermore, both drugs are being taken as required and it is unlikely that sustained blood

levels will occur.

2. The symptoms are vague and could be associated with propranolol, the anxiety itself, or an exacerbation of the underlying dyspepsia — or even a change to a new diet at work. Fluoxetine would be an unlikely cause had its long use been trouble-free — most gastro-intestinal symptoms resolve in the first few weeks of treatment — but you can't exclude the possibility in this case that cimetidine is being used to treat some persistent adverse effects.

3. There seems to be no reason why he shouldn't stop taking propranolol: there is no risk of withdrawal and it's not succeeding in its purpose of helping him to cope with anxiety. You should warn him that this may not resolve the symptoms.

4. Check with the GP if you can. You should encourage him to consult his doctor at the earliest opportunity to exclude any sinister gastro-intestinal problem and persistent problems with fluoxetine.



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PHS gears up for Pharmacy Week

The UK's Pharmacy Healthcare Scheme is to send leaflets and posters outlining the expertise of the pharmacist for Pharmacy Week, the Council of the Pharmaceutical Society of Northern Ireland heard at its February meeting.

In addition, the public relations committee recommends that a DUMP campaign should be the central activity of the week and that local personalities should be invited to a campaign launch at PSNI offices prior to the week's start.

A local media public relations campaign will also be run.

PSNI audit facilitator Deirdre Tunney is also gathering in-

formation on current P medicine sales practice, prior to assessing how many such sales directly involve the pharmacist and setting standards.

During March, audit roadshows are to take place in Londonderry, Enniskillen, Craigavon and also in Coleraine.

Council also approved applications for registration as students of the Society from: Jasmina Djokic, Belfast; Ellen Miller, Magherafelt; Martin McVeigh, Dungannon; Lian Tan, Belfast; Lynn White, Newtownards; Anita Wilson, Saintfield; Pik Tam, Belfast; and Judith Marshall, Larne.

An application by Thomas

Tuffy for the registration of his premises for pre-registration training was also approved.

Council also has not objected to a Management Executive proposal that Brendon Smyth and J D Thompson be reappointed for an additional one year as chairman and vice chairman of the National Appeal Panel, respectively.

• Superdrug has responded to safety concerns expressed over its teddy-shaped Children's Multi Vitamin tablets. The company confirmed various safety measures were already in place, but added that 120-tablet packs of Multi Vitamin Plus Iron would be discontinued.



Pharmacy Week is to be launched by TV presenter Carol Smillie at the Chelsea Physic Garden on Sunday, June 18. Ms Smillie has recently presented BBC's 'Holiday 94' programme and has been a presenter on 'Hearts of Gold' — a further 12-week series of which is planned from early March. She has also supported the BBC's Children in Need campaign

Script charge rise announced

Minister for health Gerald Malone has announced the new NHS charge from April, 1995.

Prescription charges per item are to rise to \$5.25, much as expected. Four- and 12-month season tickets will increase by about 10.5 per cent each to \$27.20 and \$74.80 respectively.

The new charge will raise over \$310 million for the NHS in 1995-

96 but, says Mr Malone, it is still significantly less than the average total cost of a single prescription item to the NHS. A charge is only paid on one item in five dispensed by community pharmacists and appliance contractors.

Charges for elastic stockings and tights, wigs and fabric supports supplied through hospitals have risen by 2-10.5 per cent.

GPs' drugs budgets revamped into ranges

Non-fundholding GPs' drugs costs should now fall within a target range, rather than meet a single figure, according to new guidance released by the NHS Executive.

GPs meeting their targets will receive prescribing incentive payments of up to \$3,000 from April.

Under the new scheme, bud-

gets will be expressed as a range, upper limits for which have been set according to present level of spending, relative to the FHSA average and scope for efficiency. Lower limits recognise a minimum figure for meeting patients' clinical needs.

GP drugs budgets in England for 1995-96 total \$3,664 million, 6.9 per cent up on 1994-95.



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Time to quit in Dorset

Dorset Health Commission and the Local Pharmaceutical Committee are running an 'It's time to stop' campaign to promote pharmacy's role on No Smoking Day.

All the county's pharmacies will receive 'No Smoking Zone' display materials and, from March 1, local radio stations will promote community pharmacy's role in smoking cessation.

Dorset LPC spokesman Bill Ritchie says: "All pharmacists have shown a willingness to ensure the success of this

campaign. We hope a significant number of smokers will be encouraged that it's time to stop!"



Health minister promises to ease rural stress

Health minister Gerald Malone has vowed to diminish tensions between pharmacists and doctors over rural dispensing.

In a one on one debate with Edward Leigh, Conservative MP for Gainsborough and Horncastle, over the effectiveness of the current rural regulations, Mr Malone noted that several rural issues are currently being heard by the courts. He promised to "return to them" once the courts have delivered a view.

The regulations attempt to balance pharmaceutical services

and access to doctor dispensing services where a pharmacy is not viable. He noted, however, that some doctors are dispensing for patients who can easily visit a pharmacy.

- The Dispensing Doctor's Association is distributing a consumer leaflet outlining the benefits of doctor dispensing.

- Beverley MP James Cran (Conservative) is seeking a meeting with health minister Gerald Malone over what Humberside pharmacists see as a "most unsatisfactory rural situation".

Fees published

The Medicines (Veterinary Drugs) (Pharmacy and Merchants' List) (Amendment No 2) Order 1994 (SI 1994, No 3169; HMSO, £3.70) increases the fees for category 1 merchants to £210 (from £182), the retention fees to £119 (from £114) and restoration of registration fees to £180. The corresponding fees for category

2 merchants are £133, £80 and £118 respectively and for saddlers £105, £62 and £90.

Pharmacy's future is looking bright

Pharmacy will emerge from these difficult past few years stronger and more valued than ever, David Coleman told attendees at a Thetford branch meeting last week.

The profession, said the former RPSGB president, has been seeing more and more pressures — from more medication enquiries, from P product launches requiring advice, from new roles, inadequately remunerated.

"Yet I am optimistic. Pharmacists are providing a service increasingly recognised by the public as essential, they are being seen by commissions as a valuable resource ... moves from POM-P will continue and collaborative care will develop."

The pharmacist's role will significantly increase, he said.

Harassment charge upheld

Ian Sarjantson, who owned a chain of chemist shops in the Doncaster area of South Yorkshire, has been ordered to pay an undisclosed amount of compensation to Louise Wright of Woodlands, Doncaster, after an industrial tribunal ruled sexual harassment (*C&D* November 5, 1994, p734).

DUMP campaign

Southampton and South West Hampshire Health Commission has launched a two-week DUMP campaign involving its 91 pharmacies.

Grampian formulary

Grampian Health Board is about to publish a joint community/hospital formulary. The formulary follows two years of discussions.

London boost

Health secretary Virginia Bottomley has promised an extra £85 million for improving general practices and other primary care facilities in London.

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PLUMBING the oil well

Trial results are key to future

Scotia announces its annual results on March 13 along with clinical trials' results which will be key to establishing the company's credibility in the prescription drug market, and hence its progress over the next few years.

The company was floated on the stockmarket in October, 1993. Shares were priced at 290p and the listing raised £37 million after expenses. The reasons for going public were two-fold: institutional investors wanted to realise their interest and funding was needed to take potential prescription drugs through expensive phase III clinical trials.

Scotia has yet to post a profit. That day is still some years away, and there may be a further cash call before then. However, the company can boast an income from its OTC nutritional supplement business — it's not all jam tomorrow. Scotia has spent £45m on R&D since it was set up, according to Dr Horrobin, and 80 per cent of that has been generated internally.

"If you took R&D out of the equation, you would see sales of £17-£18m and profits of £4-£5m," he says. The viability of this side of Scotia's operations can be judged by the fact that two offers to buy it for around £55m have been refused.

At its interims last year (six months to June 30, 1994) the company still had £29.9m in the bank and was able to report turnover up 13.6 per cent at £8.81m and pre-tax losses down to £1.54m. R&D expenditure had risen by 40 per cent to £5.29m.

Scotia is investing in its infrastructure. The Efamol Research Institute in Nova Scotia, Canada, completed a \$4.5m refit last year. A similar project is now under way to upgrade the UK facility at Carlisle, an ex-Marks & Spencer warehouse.

The plant at Callanish in the Scottish Western Isles is also being developed at a cost of £5m. It is seen as vital in securing future supplies of essential fatty acids.

Scotia has a novel 'GSL to POM' approach to developing new medicines, but its research into humble evening primrose oil could be on the verge of paying off in a big way, as Patrick Grice explains



The City knows Scotia as a recently-floated biopharmaceutical company bent on developing new prescription drugs — so-called designer triglycerides — from essential fatty acids.

Pharmacists are more familiar with the company's OTC nutritional division, Efamol, and its eponymous range of evening primrose oil supplements.

R P Scherer fills capsules with EPO delivered from Scotia's extraction plant at Lincoln. Seed, developed by the Efamol Plant Research Unit in Writtle, is grown commercially in Europe, the US and New Zealand.

Quality control on all Scotia's products, which are now sold to over 40 countries worldwide, is carried out at the Efamol Research Institute in Nova Scotia, Canada.

Product development takes place in the UK at Carlisle, and further research is carried out at Callanish in the Scottish Western Isles. Quite an empire for a company set up in Canada in 1977.

Evening primrose seeds are minute — similar to a poppy's — but they have helped grow the beliefs of one man into a commercial concern which in the first six months of last year turned over \$8.81 million.

Dr David Horrobin is the founder and driving force behind Scotia. He has a messianic belief in the virtues of essential fatty acids in a variety of disorders. He uses an analogy with vitamin C: deficiency can manifest itself in a number of clinical disorders which can all be resolved through the same treatment.

He repeatedly emphasises that Scotia is the only company carrying out research on EPO. So far there has been limited interest from other drug companies.

Lipids are important components of cell walls. The functions of such lipid membranes in the body's regulatory mechanisms



EFA-believer, Dr David Horrobin

are gradually being unravelled. Historically, most pharmaceutical companies have concentrated their research efforts on protein-based compounds.

"If you are going to buy into a technology, then you need a research group that is interested. The industry has not had this, and interest has largely remained with academics," says Dr Horrobin.

PATENT PROTECTED

At this stage in Scotia's development he has little fear of competitors. "They will find we have messed up the patent position. New companies will step into a minefield," Scotia holds some 1,400 patents, providing a reservoir from which to source future products.

Particularly strongly defended is a compound known as DLMG, which has tentatively been identified as a major active constituent in EPO.

Few of the processes the company has developed to modify and refine EFAs have been patented though: Dr Horrobin prefers to keep such techniques, which are important, out of the public domain.

The company's expertise is in R&D. It prefers to license out its products to partners, such as Pharmacia, Searle and Galderma, which handle marketing and distribution.

Although Scotia has its origins in Canada, it fights shy of the North American market where its limited experience with the FDA has not been positive. Proving nutritional supplements can be effective medicines has been an uphill battle. All the new formulations the company is developing are treated as new chemical entities.

"Europe is a bigger market. It is easier in terms of regulatory affairs. For a small company it is more worthwhile to concentrate

on Europe," believes Dr Horrobin. "It is easy to become obsessed with the US."

Marine fish oils also feature in Scotia's future plans. At the end of last year, the company signed an agreement with a French company, Héliosynthèse. The plan is to harvest commercial quantities of polyunsaturated fatty acids from microalgae grown in photobioreactors. Scotia hopes this will lessen its dependence on fish oils, the usual source of supply of PUFAs.

The first products from the joint venture could find their way into new ranges of nutritional supplements, such as infant formulae, which have been shown to be deficient in certain fatty acids compared to breast milk.

In a similar vein, Efamol has signed agreements with the Scottish Agricultural College which will fast track the development of a new generation of natural antioxidants for use in the health and food industries. The potential benefit to both parties is said to be "significant".

A 'natural' alternative to synthetic antioxidants could be a commercial reality within 18 months. Dr Horrobin talks in terms of a new E number being introduced.

Companies have been talking up the possibilities of 'nutraceuticals' for some years. Developments such as this could put Scotia at the forefront of an emerging market.

Last week the company made its first major acquisition — Swedish lipid expert Lipidteknik (LT). LT has developed the use of polar phospholipids as drug and food formulation agents. These agents can make previously insoluble compounds dissolve in lipid systems, which is of considerable relevance to Scotia's existing and planned products.

A reformulated once-a-day range of OTC supplements is on the cards for early next year, but the major impact is likely to be on the new prescription drugs under development.

The current dose of EF4 (for diabetic nephropathy) is 12 capsules daily. Application of the newly-acquired technology could reduce this to a once-daily dose. EF13, an anti-cancer agent, has to be given in hospital under close supervision because of the risk of haemolysis. LT's technology makes possible a formulation which can be safely administered at home by the district nurse.

LT enjoys a strong patent position. Using its protected formulation systems will extend the patent life of Scotia's priority research projects by four to six years and, says the company, increase peak sales of each product materially.

In the R&D pipeline

While every other drug manufacturer is combing its portfolio for prescription drugs to switch to OTC sale, Scotia is bucking the trend. From unlicensed nutritional supplements the Efamol brand has evolved into the prescription lines Efamast (for breast pain) and Epogam (for atopic eczema).

However, there are perils with this approach. Last year, in a somewhat bizarre move to protect its POM lines from generic competition, Scotia took the Medicines Control Agency to court. The company argued that the published literature did *not* demonstrate a well established medicinal use for EPO in breast pain and eczema, and that the MCA was not justified in issuing a generic licence.

The case illustrates why some of its strongest evidence for the therapeutic use of EPO has not been published, says Scotia. Most of the potential uses of EPO are not patentable, but this does not reduce the volume of clinical data required to approve EPO as a prescription medicine.

The innovating company does have one important defence — not to publish. Its files remain confidential for ten years and during that period the MCA cannot use them to make decisions on generic applications.

The case went on to the European Court and the opinion of the advocate general was given last week. He supported the High Court's decision to grant an injunction blocking the marketing and sale of generic versions of Epogam and Efamast.

The upshot of this tale is that Scotia is now investing only in those uses of EPO which can be patent-protected. It intends to phase in patented 'designer' EFAs, developed from EPO, to replace the natural ingredients in its POM products.

Scotia's R&D pipeline is beginning to attract interest. The share price, after a mediocre performance, has risen sharply over recent months to 350p from last year's low of 242p.

Scotia has five drugs in phase III clinical trials with combined potential sales of £4 billion.

Analyst Yamaichi believes the company's R&D pipeline is grossly undervalued. "As soon as positive news on one project verifies the company's enthusiasm, a domino effect will re-rate the rest of the pipeline," predicts Yamaichi.

Scotia has five major projects in phase III trials:

- EF4m. Results of phase III trials in diabetic nephropathy will be announced in March. A licence submission will be made about the same time. The initial mechanism of action is likely to be a vascular one, accounted for by a pure triglyceride DLMG found in EPO

- EF13 or lithium gamma-linoleate is being developed as an effective anti-cancer agent which remains beneficial even in multi-drug-resistant cancer cells. A licence will be sought later this year for the treatment of pancreatic cancer. Fast track approval is possible for this condition and the product could be on the market by 1996

- EF27 is a specific mixture of two natural oils which is being investigated for the amelioration of radiotherapy side-effects. A licence submission may be made in the fourth quarter.

Other projects in phase III clinical trials are:

- EF5 for rheumatoid arthritis
- EF12 for prevention of restenosis after angioplasty.

The company has also got its eye on the potentially vast market for osteoporosis. Its most recent OTC, Efagal, is aimed at this sector. The product contains gamma-linolenic acid (GLA) from evening primrose and eicosapentenoic acid from fish oils in a ratio of 2-3:1. In true Scotia style a patent-protected prescription drug is under development.

A pure designer triglyceride, EF40, with both GLA and EPA on the same spine, has been developed and is due to go into phase II trials towards the end of the year. The emphasis the company is putting on this area suggests it will become a priority project.

Scotia's potential income from drugs currently in phase III clinical trials

Condition	Patients each year in the European Union	Forecast minimum annual revenue for each patient
Diabetic neuropathy (EF4)	2 million	£400
Diabetic retinopathy (EF4)	4 million	£400
Pancreatic cancer (EF13)	30,000	£2,000
All cancers (EF13)	700,000	£2,000
Radiotherapy (EF27)	350,000	£200
Coronary and femoral angiopathy (EF12)	180,000	£600

Scilly plan credible to FHSA: rewards to follow

While congratulating R L Hindocha of Leicestershire on the thought he has given to the local relationships between family health services authorities and pharmacy contractors, one must express reservations regarding some of the philosophy in your February 11 issue (*Letters*, p214). In Cornwall we have not pursued the tactics that he describes. We advocate that there are much more vital factors that have to be taken into account.

The Cornwall & Isles of Scilly Local Pharmaceutical Committee appreciated that:

- the FHSA had no policy with regard to community pharmacy
- the FHSA and its staff had been occupied in establishing its new role and relationship in the management of total healthcare
- the FHSA had concentrated its efforts in coming to grips with the management of GPs and their new contract.

The LPC should develop a strategic plan for the development of pharmaceutical services and care for the community. The plan must clearly set out its objective and scope. It must describe how projects are to be managed, including the composition of the project team. It must state the deliverables of the project, detail all identifiable costs, the quality appraisal process and the parameters of risk.

The strategic plan should be set out using 'PRINCE' [Projects IN Controlled Environment] methodology which ensures that it follows the accepted format of NHS project presentation and is thus easily recognised by its recipients in the FHSA. All

projects are underpinned by training programmes for pharmacists, eg distance learning packages available from the Centre for Postgraduate Pharmacy Education. Assessment occurs before pharmacists are accepted in a project. Locum fees were included in the budget.

The LPC devised a 12-point 'Patient's Pharmaceutical Charter' and set out in detail the projects and initiatives required for the strategy to be a success. The strategic plan has as its objective the achievement of a range of consistent 'quality standards' which will be recognised through the payment of project fees and an overall payment of merit awards. Project fees were costed on the evidence available in the Association of Local Pharmaceutical Committee Secretaries' survey.

At the meeting to discuss the strategy, the leaders for the health authority expressed their satisfaction with the LPC's presentation, as they had found themselves in some difficulty in preparing a document of their own, as most of the senior managers had been brought up in a hospital environment. Now they had a credible strategy produced by experts, ie community pharmacists.

The results of the LPC's efforts? Our strategy has been adopted in its entirety, funds are available in the forthcoming year for its implementation. The total sum involved has yet to be quantified. It does appear, however, that in total some £150,000 will become available. The sum represents an average of £2,000 per pharmacy, equivalent to 20 per cent on the bottom line. Extrapolated nationally, this represents some £20m for

community pharmacy.

It is intended that joint three-monthly progress reviews will occur, the dialogue permitting the introduction of new projects, and the development of next year's resource requirements. Additional remuneration will, therefore, depend on the efforts of the individual pharmacist.

Dr D H Maddock
Secretary to the LPC

Contract out on non-contract pharmacies?

The Royal Pharmaceutical Society's Council continues to oppose the handling of NHS prescriptions by non-contract pharmacies, but without acting.

In a statement put out after the February Council meeting, it called the handling of NHS prescriptions via non-contract pharmacies "undesirable". Six months ago, Council debated the matter (*C&D* August 13, 1994, p2460) and decided that the handling of NHS prescriptions through non-contract pharmacies did not amount to "unprofessional conduct".

The Council says that it will continue to make representations for amendments to NHS (Pharmaceutical Services) Regulations 1992 and is, therefore, relying on the minister for health, Gerald Malone, to outlaw the practice.

The minister has indicated in a recent letter to the Society that he is aware of the considerable strength of feeling which exists within the profession on the matter. Probably the right time to bring about the legislative change by the minister would be in April when NHS (Pharmaceutical Services) Regulations 1992 will have to be amended to allow for part

of the global sum to be delivered to FHSA's to pay for locally negotiated services.

The minister must act soon, since the practice is not yet so well established that it can be stopped at a stroke, as in Scotland. A recent survey has shown no more than 45 outlets involved in script transfer. But if the minister does not bring the change in April, either by legislation or by piecemeal change to the Regulations, then I believe that we should go to court to challenge the Society's decision by a judicial review, for their irrational statement in the pharmaceutical press in relation to the dispensing of NHS prescriptions by non-contract pharmacies.

The membership would have to make up its mind and decide whether to proceed with my call for a judicial review and help out with the cost if the undesirable practice is still going on after April.

A Tanna
London SE22

Don't write it; type it!

Thank you for publishing my letter last week. Regrettably, the sense of one paragraph has appeared completely opposite from my intention.

"The decimation of community pharmacy in questionably over-provided urban areas and the failure, etc ... ought to be high on all pharmacists' priority lists."

Your 'interpretation' suggests that the decimation is over, ie finished, provided the moral issue is addressed. That, unfortunately, could not be further from the truth!

Peter Curphey
Isle of Man

Editor: In future we will not accept faxed handwritten letters, unless they are clearly printed.

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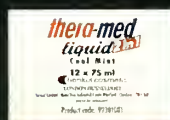
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Unichem cuts prices on 100 top-selling OTCs

Unichem is launching a new broadside aimed at shortline wholesalers.

From March 1 it will be offering reduced trade prices on 100 top-selling OTC products. Details will be mailed out with the March offers book next week.

The reduction on prices — at discounts of around trade less 12.5 per cent, rather than the usual trade less 9 per cent — will apply not only to twice daily orders, but to all transfer orders placed via manufacturers. Normal payment terms of 30 days from statement will apply.

Examples of prices available in March are (C&D list price in brackets):

- Cream E45 50g (12) \$11.07 (\$13.08)
- Olbas Oil 28ml (12) \$15.34 (\$17.63)

- Tampax Regular 10s (12) \$8.85 (\$10.19)
- Anadin Extra 24s (12) \$14.02 (\$16.02)

The top 100 lines have been drawn up using market research statistics and will remain unchanged unless a brand is pushed out of the list.

Unichem is absorbing most of the costs of the price reductions, although sales and marketing director Tony Foreman says the company is talking to some manufacturers.

This initiative comes on top of Unichem's 'P' line initiative and generics scheme, both of which are claimed to be "highly successful".

Mr Foreman says: "There should now be no need for any Unichem account to have to buy its fast-selling OTC products

weekly and pay within seven days."

The polarisation towards big brands has been dramatic in recent years, he adds, with the top 100 now accounting for about 40 per cent of the wholesaler's business. However, the business taken by shortliners has meant that "the industry top 100 products are not the same as our top 100 products".

• Unichem is creating a new regional tier in its sales force, responsible for developing regional promotions and co-ordinating local training.

Five regional sales managers will take up their positions on March 1. They will also handle the day to day management of the 22 account development managers and all of the liaison with key customers.

Boots rejigs store chains

In a major review of its store operations Boots the Chemist is to restructure its large and small store chains.

Forty-four large outlets will move across to the small stores' sector, while 17 others are transferring into new areas.

The changes will come into effect from April 1, when the large stores will number 172 and the small stores chain 989. Both chains have similar turnovers of over \$1.5 billion. The company says the changes are planned to ensure that Boots can meet future trading patterns.

• Boots Healthcare International aims to double its new product development over the next three years.

The company is currently recruiting extra scientific staff and hopes to increase the size of the department to 120. All new product development staff will work in one of three core product areas: analgesics; cough/throat/decongestants; or skin care/eye-care/sweeteners/housebrands.

Numark's first quarter programme includes shareholder committees

Nine weeks into its existence, Numark has unveiled a series of programmes started in its first quarter.

The company has presented 25 programmes to the board for consideration. Those already under way include:

- a 5 per cent rebate on own-brand goods
- plans for regional shareholder committees which will smooth

communication between shareholders, distributors and central office

- negotiations with companies to provide counter goods, such as fragrances and hosiery
- increasing the number of retailers that sit on the national promotions committee
- a survey of shareholders to see if current services come up to scratch

• a banking programme for shareholders in England and Wales

• building a relationship with ethical suppliers.

Managing director Terry Norris says response from major ethical companies to the new company has been very encouraging.

He says: "Pharmacy has perhaps not presented itself very well to these companies in the past.

But Numark is a totally new structure and we look forward to a relationship of mutual co-operation in the future."

Discussions taking place between Numark and Zeneca "will bring exclusive shareholder benefits in the near future".

• The 'Numark Newline' magazine has been redesigned and will be relaunched at the end of the month as 'Numark News'.



Soler International, a Unichem-owned conference and incentive travel specialist, has won a silver award for the 1993 Unichem Bali conference at the Incentive Travel & Meetings Association's (ITMA) first national awards. Lynne Morris, managing director of Soler International, was presented with the award by ITMA's Max Cuff, secretary general (left), and Sarah Webster, executive director (right)

Scotia to get European Court support?

The advocate general of the European Court has supported the UK High Court's decision to grant an injunction blocking the marketing of generic copies of Scotia's prescription lines Epogam and Efanast.

In 1993, the Medicines Control Agency issued a generic licence to Norgine for its generic product Unigam. Scotia sought an injunction in the High Court to prevent the product being marketed, citing EU Directive 87/21. Directive 65/65 (as amended by 87/21) provides marketing protection for both patented and non-patentable medicines within Europe for ten years after their initial licensing.

Scotia took the view that, pending the expiry of the ten-year

period, there was not sufficient information in the public domain to allow the issue of a generic licence.

The UK court indicated there was strong evidence of a breach of European law by the MCA but, because of the uncertainty over the discretion allowed to national authorities, would not make a final judgment until after reference to the European Court.

The European Court is not obliged to follow the advocate general's opinion, but does so in about three-quarters of cases.

• The 2 million shares issued in respect of Scotia's acquisition of Lipidteknik comprises 3.2 per cent of the company's share capital, not as stated last week (p275).

P&G withdraws anti-ageing creams

Procter and Gamble is recommending retailers cancel all feature display activity relating to its suspended skin care products Oil of Ulay New Skin Discovery and Max Factor Active Response Cream.

The company suspended sales of the anti-ageing creams following customer complaints that the products cause eye irritation.

The active ingredient in the products is salicylic acid with a 2 per cent concentration. The company denies that the hydroxy acid is the main problem with the creams.

Spokeswoman Sally Woodage says: "The problem may lie with the combination of ingredients, rather than just one ingredient, and also how they affect different types of women."

"We have been getting on average about one or two complaints

a month, which means we are talking about a very small number of people, around 0.03 per cent of users."

The company is anxious to reassure users who have not experienced allergic reactions so far. Sally Woodage says: "People will know the minute they apply the cream whether they are allergic, those who are halfway through a pot and have not had a reaction will have no problems."

Marion Kelly, director general, Cosmetics, Toiletries and Perfumers Association, says the removal of the products from the shelves is a rare event. "I am not aware of any facial product being withdrawn from the shelves in the past ten years."

P&G estimates it will be at least a couple of weeks before the reformulated products will be released for sale.

Trials stopped on cancer drug

British Biotech's share price fell by 99p to 491p following revelations that the company has delayed its clinical programme involving the injectable anti-cancer drug, batimastat, its most advanced formulation.

The company says trials involving the drug have been suspended after "unexpected side-effects" were discovered in patients following intraperitoneal administration of the drug. Subsequent investigations have pinpointed the problem to the last stages of the manufacturing programme where another solvent replaced water in the purification stage.

The company hopes to have regulatory approval by June to restart its malignant ascites programme. The first trial will be a rising dose study.

SB binds to Ligand

Smithkline Beecham has announced a £14 million research collaboration with Ligand Pharmaceuticals Inc, a US gene transcription technology company. SB will use the latter's expertise to discover oral drugs for haematopoiesis control.

Prozac boost

Sales of Eli Lilly's antidepressant, Prozac, rose 39 per cent in 1994, contributing to a 10 per cent increase in pharmaceutical products sales to \$5.238 billion and overall company sales to \$5.712bn. For the year, net income and earnings per share were \$1.286bn and \$4.45, respectively. R&D investment also increased by 11 per cent.

COMING EVENTS

RPSGB Scottish Department meeting

The Scottish Department of the Royal Pharmaceutical Society is holding an evening meeting on March 21 (7.45pm) at its office in York Place, Edinburgh.

Dr Andrew Tamahill, general manager of the Health Education Board for Scotland, will address those present on 'The pharmacist's role in health promotion'.

Details are available from the Scottish Department on 0131 556 4386.

TUESDAY, FEBRUARY 28

Leicestershire Branch, RPSGB
At the Postgraduate Medical Centre, Leicester Royal Infirmary, 7.30 for 8pm. Post graduate spring series, 'How I got the funding — one pharmacist's experience' by Gill Hawkesworth.

WEDNESDAY, MARCH 1

Sheffield Branch, RPSGB
At the Jessop Hospital for Women, 7.30pm for 8pm. 'Seamless care in pharmacy' by joint speakers Louise Freeman-Parry and Tony Hall.
Bucks Branch, RPSGB
Joint meeting with Buckinghamshire LPC, at Forte Posthouse, Aylesbury, 7.30 for 8pm. 'Open meeting' with speakers from BHA, FHSA and PSNC.

THURSDAY, MARCH 2

Hastings Branch, RPSGB
Joint meeting with Hastings National Pharmaceutical Association Branch, at The Conquest Hospital, The Ridge, Hastings, 8pm. 'The future of small pharmacies' by Gordon Bullous, chairman of the NPA.

Wellcome searches for bidder on borrowed time

Wellcome's fate is in the hands of a small number of institutional investors following the High Court's decision to allow its largest shareholder, the Wellcome Trust, to sell its 39.5 per cent stake to Glaxo.

According to investment research company Citywatch, ten institutions held around 20 per cent of Wellcome's shares as of February 9. With the Wellcome Trust holding in the bag, Glaxo needs only slightly more than half of these shares to win control of the company.

Prudential, the largest shareholder, currently holds 3.2 per cent, followed by Schroder Investment Management with 3.12 per cent. Baring Asset Managers, the fund management arm of Barings, adviser to the Wellcome Group, holds 1.44 per

cent; and Fleming Asset Management, Robert Fleming's asset management operation, adviser to the Wellcome Trust, owns 1.42 per cent.

Wellcome has gained a few extra days' breathing space to continue its search for a white knight. The High Court has extended the latest deadline for the Trust's acceptance of the sale from February 28 to March 8.

Wellcome chairman and chief executive John Robb is remaining tightlipped over the identities of companies he has approached. When Wellcome's defence document was published last week, he maintained that such a bidder would only be revealed at the last possible moment.

As C&D goes to press, the House of Commons' science and technology committee has sum-

moned senior executives from both Glaxo and Wellcome to discuss the implications such a merger might have on "scientific endeavour" in Britain.

Sir Richard Sykes, deputy chairman and chief executive of Glaxo, and Dr Barry Ross, research director of Glaxo research and development, are meeting with the committee first, followed by Dr Julian Jack, chairman of the scientific committee at the Wellcome Trust.

Wellcome plc is represented by John Robb and Dr David Barry, group director, research development and medical affairs.

The committee is also likely to discuss the level of job cuts, which could affect up to 15,000 staff from a combined worldwide workforce of 62,000 if the merger is to go ahead.

Convenience stores: the future for neighbourhood pharmacies?

Independent neighbourhood chemists could be threatened by the development of pharmacies within convenience stores, according to a new report from Verdict Research.

The report cites the example of convenience chain One-Stop Community Stores' moves to purchase local pharmacies. Verdict spokesman Richard Perks says: "Pharmacies' traditional product base is being eroded by superstores. One way to ensure the future of the community pharmacy is to move it into a convenience store."

According to Verdict's 1994 figures, chemists have a 5.6 per cent

slice of neighbourhood sales, trailing behind newsagents with 28.8 per cent, grocers with 26.9 per cent and off-licences and food specialists with 9.4 per cent and 31.5 per cent respectively. Only electrical retailers, furniture, clothing and flower shops had less sales.

Verdict's report maintains: "Returns from NHS pharmacies are falling and are unlikely to recover, but dispensaries generate substantial customer traffic, particularly those which open long hours. Where chemists run into problems is generating sufficient add-on retail business. By broadening the product offer, One-Stop

should maximise the value of the NHS licence."

The report has discovered there is a substantial market for neighbourhood shops, due to the rising age of the population. Over the next five years, the number of people aged between 60 and 79 will increase by 1.4 per cent. By the year 2000, this growth will accelerate. This age group cannot or might not want to shop at out of town superstores.

Current planning guidelines should help the neighbourhood sector. In order to discourage the use of cars, the Government wants to encourage community shopping.

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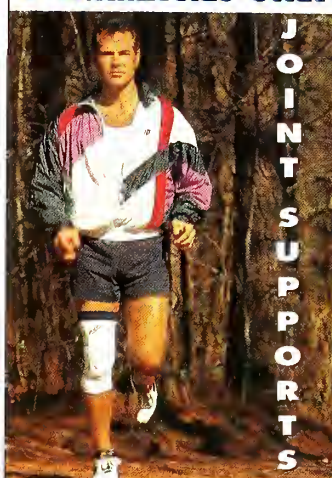
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FOR SALE

CONTENTS LARGE RETAIL PHARMACY - Includes 15 white melamine adjustable shelving units, 28 bays assorted, La Fortezza and Storeplan, 3* and 4* metal wall units, will split. Tel:

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Appointments, situations wanted, and businesses for sale will be incorporated as lineage advertisements under the appropriate Classified headings.

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

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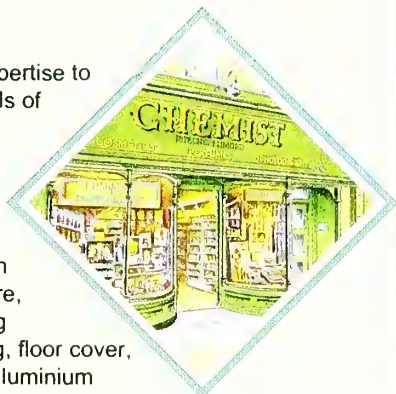
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Chloe 30ml spr	18.50	9.95
Dune 30ml spr	21.50	13.90
Fendi edt 25ml spr	24.00	9.90
Fidji edt 25ml spr	24.00	10.90
Gio edt 35ml spr		13.90
L'air du Temps 30ml spr	19.50	9.25
Narcisse 30ml spr	17.00	9.25
Oscar la renta 30ml spr	19.50	8.90
Red Door 25ml spr	18.50	9.95
Ysatis 25ml spr	22.75	11.50
Je Reviens spr 30ml	7.95	2.40
Ma Griffe spr 30ml	7.95	2.40
Charlie edt spr 50ml	11.95	3.75
Charlie Red spr 15ml	5.95	2.95
Le Jardin 22ml spr	8.50	2.95
Yardley 25ml spr	6.90	1.95
Jazz aftershave 100ml	26.00	14.50
Kouros aftershave 100ml	29.50	14.75
Fahrenheit asl 50ml	21.50	11.90
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Yes, we pay cash — Yes we collect

Coleman & Co, Nationwide Service

ABOUT people

Wholesalers respond to Rotary Club disaster appeal

Wholesalers AAH Pharmaceuticals and Unichem have donated around 400 packs of nappies to the Farnham Rotary Club's Aqua Box appeal.

Michael Watts, executive director of the British Association of Pharmaceutical Wholesalers, ap-

pealed to the companies to donate to the local Rotary Club-organised appeal.

The boxes are used to filter and treat water for people caught up in disaster situations around the world, such as earthquakes and flooding. They can also double up

as storage and are filled with supplies and goods for the needy on their outward trips.

Mr Watts, who is chairman of the Rotary Club's younger members' group, Roteract, says the response was splendid. "When you explain to people that

you need something specific [for charity] they bend over backwards to help. As an industry we can be very effective and helpful," says Mr Watts.

The two wholesalers are also donating cuddly toys left over from previous promotions.



Randeep Laly (right), the pharmacist at B S Laly (representing AAH Farnham), and Tricia Stubbs from Unichem are seen handing over donations to Ken Chandler of the Rotary Club



AAH Pharmaceuticals' healthcare centre has donated £1,000 of incontinence products for the Vrika Institute in Split, Croatia, an orphanage for physically and mentally handicapped children and young adults. Alan Danson, general manager of AAH Pharmaceuticals' Romford branch, and fork lift driver Tony Gadd are pictured loading up the lorry

APPOINTMENTS

Chris Ash, currently merchandise director of Superdrug Stores plc, is to become commercial director, taking on additional responsibilities, which will include advertising, promotions and public relations. The move follows the promotion of Superdrug marketing director **Kevin McCarten** to trading director at Woolworth.

Colorama has recently appointed **Andy Toshack** as national sales and marketing manager. **Mike Cosgrove** has been appointed technical co-ordinator at the Manchester laboratory. His responsibilities will include quality control, engineering and training programmes.

Martin Cockerell has joined Philips DAP as national accounts manager.

Elsbeth Metcalfe, chairman of Hereford and Worcester Family Health Services Authority, has been elected to the post of vice chairman of the National Association of Health Authorities and Trusts.

Smithkline Beecham has appointed **Ignace Goethals** as president of the newly-created worldwide supply operations. He was previously president of Smithkline Beecham's animal health division. As part of the restructuring of SB's Sterling Health business, **Dermot Cleary** has been promoted to category director of oral care; **Jan Hall** heads up gastro-intestinal products; **Jeremy Pottock** will lead analgesic products; and **Paul Berman**, Sterling's category director for analgesics, has been given a global role in the analgesics sector.

Duphar Laboratories has appointed **Dr Kristin Pagano** as senior medical adviser in the company's gynaecological therapeutic unit. Dr Pagano was previously senior medical adviser and head of medical affairs at Cilag.

OBITUARY

Bernard Silverman OBE FR-PharmS died after a heart attack on Saturday, February 18.

Mr Silverman, a past president of the Royal Pharmaceutical Society and a director of The Boots Co retail division at his retirement in 1986, was a major figure on pharmacy's political landscape from the early 1970s to the present day.

Born in 1927, he attended the London School of Pharmacy in Bloomsbury Square and registered as a pharmacist in 1949. He joined Timothy Whites and Taylors and, after various management appointments in the Home Counties, was made territorial general manager, Southern England in 1964.

Following the merger with Boots he held TGM posts in Warwickshire and Northern Ireland, before becoming a director and superintendent pharmacist of Boots the Chemist in 1975. He subsequently held the post of director of pharmacy services (1980-82) and director of professional services until his retirement in 1986.

His political career started in



Bernard Silverman

1970 as a member of Warwickshire LPC. He was on the Prescription Pricing Authority from 1975-86, and for that period was also a member of the Pharmaceutical Services Negotiating Committee and a director of the Company Chemists Association.

He was awarded a fellowship by the Pharmaceutical Society in 1978 and elected to Council in 1980. During the 1980s he was a member of the Nuffield Foundation Inquiry into pharmacy and

on the Medicines Commission.

In 1987 he was elected president of the Royal Pharmaceutical Society. He resigned from Council in 1991 to take a place on the Society's Statutory Committee. In 1989, he was awarded an OBE and in 1992 received the Society's highest award, the Charter Gold Medal.

Marshal Davies, Boots' pharmacy superintendent, writes: "Pharmacy has lost an eminent statesman and a visionary who understood and cared for the future of the profession. He constantly sought to promote the profession for the benefit of its members."

"True to form, his last major role on Council was to introduce new committee structures and operating procedures."

"Bernard freely offered advice and encouragement; he also cajoled others to see and grasp the benefits of a contemporary pharmacy profession. His warmth and understanding was appreciated by all who knew him, and our deepest sympathy is extended to his wife, Cecilia, and his family."

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